

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

RECEIVED
2012 AUG -1 AM 7:35

Date of Notification (1) 7/27/12		Name of Building Owner/Operator (2) MR. DENNIS KIRK						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 184 COEYMAN AVE						
		City, State, Zip Code NUTLEY, NJ. 07110						
		Name of Contact MR. KIRK	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. KIRK		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 184 COEYMAN AVE		Square Feet 1800	# of Floors 2					
City (5) NUTLEY		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)		Name of Abatement Contractor (9)						
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. 201-329-7444	License No. 00388					
Start Date (10) 8/8/12	Scheduled Completion Date (11) 8/9/12	Name of OSHA Monitor Omega Environmental						
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 Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
BASEMENT				THERMAL INSULATION	25 LF	<input checked="" type="checkbox"/>		
BASEMENT			<input checked="" type="checkbox"/>	THERMAL SURFACING	40 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler BEST REMOVAL INC		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill MINERVA ENTERPRISES INC				
City, State HACKENSACK, NJ. 07601		Disposal Date 8/9/12		City, State WAYNESBURG, OH				
Completed by J. Maiorano	Title Estimator		Signature [Signature]			Date 7/27/12		

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 7/27/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:1201)

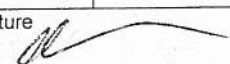
RECEIVED Check # 7744

2012 AUG -1 AM 7:33

Date of Notification (1) 7/27/12		Name of Building Owner/Operator (2) KRIEGMAN + SMITH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 101 EISENHOWER PARKWAY		City, State, Zip Code ROSELAND, NJ 07068	
Name of Contact RICH SHATWEL		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) THE BLAIR HOUSE		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 2 HAMILTON ROAD		Square Feet 12000	
City (5) MORRISTOWN		# of Floors 3	
County (6) MORRIS		Bldg. Age 54	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) APTS	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code [REDACTED]		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No. [REDACTED]		Telephone No. 201-262-5841	
Start Date (10) [REDACTED]		License No. 00156	
Scheduled Completion Date (11) [REDACTED]		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: [REDACTED]		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mist-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) APARTMENT STORAGE ROOM		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE PIPE		Amount (Specify SF or LF) 2 LF 5 LF	
Abatement Type Removal Repair Encapsulate Enclosure		X X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	
City, State Riverdale, New Jersey 07457		Cubic Yards of Waste .5	
Disposal Date 7/27/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by R. McDonald	
Title President		Signature [REDACTED]	
Date 7/27/12		[REDACTED]	

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

RECEIVED
CHECK 114570
2012 AUG -1 AM 7:33

Date of Notification (1) 7/27/12		Name of Building Owner/Operator (2) Adelaide Richardson							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 240 Littleton Road							
		City, State, Zip Code Parsippany, NJ 07054							
		Name of Contact Joe Pilewski	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		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 240 Littleton Road		Square Feet 2600	# of Floors 2						
City (5) Parsippany		Bldg. Age 62							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant							
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. 973-764-2276	License No. 703						
Start Date (10) 8/6/12	Scheduled Completion Date (11) 8/20/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor boiler room			x	pipe insulation	100 LF	x			
1st floor boiler room			x	floor tile	1340 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 7/27/12			

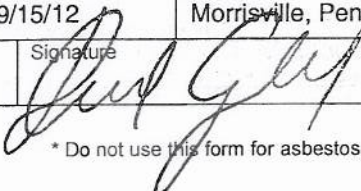
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/02/12		Name of Building Owner/Operator (2) Montclair Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 04 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Valley Road	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Mr. Leonard Saponara	Telephone Number [REDACTED]

RECEIVED
#2066
2012 AUG -1 AM 7:30
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Central Heating Plant		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 54 Orange Road		Square Feet 5,000 +	# of Floors 2
City (5) Montclair		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 00012	Name of Abatement Contractor (9) Pyramid Contracting Corp.
Street Address 300 Grand Avenue		Street Address 163 Sargeant Avenue	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm Mr. Stephen J		Telephone No. 201-569-6708	Telephone No. 973-689-6281
License No. 01099			
Start Date (10) 08/20/12	Scheduled Completion Date (11) 09/28/12	Name of OSHA Monitor J&S Environmental Laboratories 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 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07081	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			2 Boilers-Exterior cover and the materials inside the panels	2,000 SF	x			
Boiler Room	x			Boiler Breeching	1,000 SF	x			
--- Continued on the next page ---									

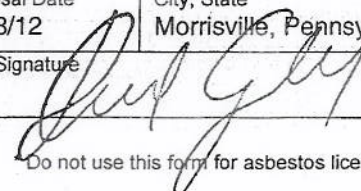
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, New Jersey		Disposal Date 09/15/12		City, State Morrisville, Pennsylvania	
Completed by Dimo Golcev		Title General Manger	Signature 	Date 07/27/12	

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2012 AUG -1 AM 7:30
ASBESTOS CONTROL
& LICENSING

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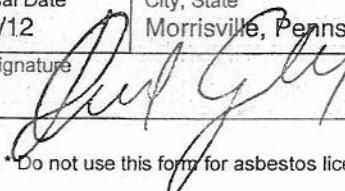
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED # 2055

Date of Notification (1) 07/02/12		Name of Building Owner/Operator (2) Montclair Board of Education		2012 AUG -1 AM 7:30					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 03 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Mr. Leonard Saponara Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Heating Plant				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 54 Orange Road				Square Feet 5,000 +					
City (5) Montclair				# of Floors 2					
County (6) Essex				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 00012		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address 300 Grand Avenue		Street Address 163 Sargeant Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Stephen J		Telephone No. 201-569-6708		License No. 01099					
Start Date (10) 07/30/12		Scheduled Completion Date (11) 08/22/12		Name of OSHA Monitor J&S Environmental Laboratories 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 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07081					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			2 Boilers-Exterior cover and the materials inside the panels	2,000 SF	x			
Boiler Room	x			Boiler Breeching	1,000 SF	x			
--- Continued on the next page ---									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Clifton, New Jersey				Disposal Date 08/08/12		City, State Morrisville, Pennsylvania			
Completed by Dimo Golcev		Title General Manger		Signature 		Date 07/20/12			

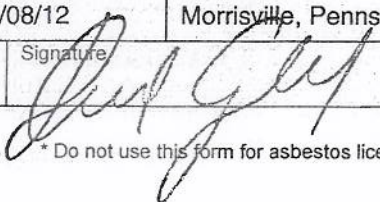
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
#2049

Date of Notification (1) 07/02/12		Name of Building Owner/Operator (2) Montclair Board of Education		2012 AUG -1 AM 7:30					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Mr. Leonard Saponara Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Heating Plant			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 54 Orange Road			Square Feet 5,000 +						
City (5) Montclair			# of Floors 2		Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 00012		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address 300 Grand Avenue		Street Address 163 Sargeant Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Stephen J		Telephone No. 201-569-6708		Telephone No. 973-689-6281					
Start Date (10) 07/23/12		Scheduled Completion Date (11) 08/08/12		License No. 01099					
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 J&S Environmental Laboratories LLC						
Street Address 2333 Route 22 West			City, State, Zip Code Union, NJ 07081						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			2 Boilers-Exterior cover and the materials inside the panels	2,000 SF	x			
Boiler Room	x			Boiler Breeching	1,000 SF	x			
--- Continued on the next page ---									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Clifton, New Jersey		Disposal Date 08/08/12		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 07/17/12			

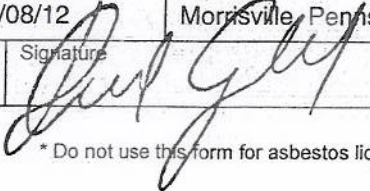
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
2038

Date of Notification (1) 07/02/12		Name of Building Owner/Operator (2) Montclair Board of Education		2012 AUG -1 AM 7:30					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		22 Valley Road ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Montclair, NJ 07042		Telephone Number					
		Name of Contact Mr. Leonard Saponara							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Heating Plant				Type of Facility (4)					
Street Address 54 Orange Road				<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.)					
City (5) Montclair				Square Feet 5,000 +	# of Floors 2				
				Bldg. Age 50+					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 00012		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address 300 Grand Avenue				Street Address 163 Sargeant Avenue					
City, State, Zip Code Englewood, NJ 07631				City, State, Zip Code Clifton, NJ 07013					
Project Manager for Monitoring Firm Mr. Stephen J		Telephone No. 201-569-6708		Telephone No. 973-689-6281	License No. 01099				
Start Date (10) 07/18/12		Scheduled Completion Date (11) 08/08/12		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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: _____				2333 Route 22 West					
				City, State, Zip Code Union, NJ 07081					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			2 Boilers-Exterior cover and the materials inside the panels	2,000 SF	x			
Boiler Room	x			Boiler Breeching	1,000 SF	x			
--- Continued on the next page ---									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date 08/08/12	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev		Title General Manger		Signature 	Date 07/13/12				

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

RECEIVED # 2008

Date of Notification (1) 07/02/12		Name of Building Owner/Operator (2) Montclair Board of Education							
Agencies Notified	Type Notification	Street Address 22 Valley Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Montclair, NJ 07042							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Leonard Saponara	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Heating Plant		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 54 Orange Road		Square Feet 5,000 +	# of Floors 2						
City (5) Montclair		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 00012	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 300 Grand Avenue		Street Address 163 Sargeant Avenue							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Stephen J		Telephone No. 201-569-6708	Telephone No. 973-689-6281						
Start Date (10) 07/14/12		Scheduled Completion Date (11) 08/08/12	License No. 01099						
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 J&S Environmental Laboratories LLC							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			2 Boilers-Exterior cover and the materials inside the panels	2,000 SF	x			
Boiler Room	x			Boiler Breeching	1,000 SF	x			
--- Continued on the next page ---									
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date 08/08/12	City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger	Signature 	Date 07/02/12					

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

CHECK RECEIVED

No check

Date of Notification (1) 7/30/12

Name of Building Owner/Operator (2) The Archdiocese of Newark

2012 AUG -1 AM 7:27

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address PO box 9500

City, State, Zip Code Newark NJ 07104

Name of Contact Tom McCue

Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address 499 Belgrove Drive

City (5) Kearny

County (6) Hudson

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 5000

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants

ASCM No. 00079

Name of Abatement Contractor (9) ABS Environmental Services, LLC

Street Address 20-21 Wagaraw Road

Street Address 4 E Gate Drive, PO Box 483

City, State, Zip Code Fair Lawn NJ 07410

City, State, Zip Code Glenwood, NJ 07418

Project Manager for Monitoring Firm Fred Larson

Telephone No. 973-636-9145

Telephone No. 973-764-2276

License No. 703

Start Date (10) 7-23-12

Scheduled Completion Date (11) 9/18/12

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED				PURSUANT TO MCCABE					
				ENVIRONMENTAL SERVICES					
				SCOPE OF WORK					

Name of Registered Waste Hauler Freehold Cartage

NJDEP Waste Hauler ID No. 15939

Cubic Yards of Waste

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 *[Signature]*

Date 7/30/12

499 BELGROVE DRIVE, KEARNY

HUDSON COUNTY

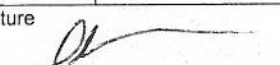
LOCATION	MATERIAL DESCRIPTION	ESTIMATED QUANTITY
Basement	Rock mills boiler insulation	400 SF
Basement	Rock mills breeching insul	160 SF
Basement	HB smith boiler packing between sections	10 SF
Basement	Breeching insulation on arch- top boiler	6 SF
Basement	Packing on chimney access door	180 SF
Basement	Pipe joint insulation	20 LF
Basement	Paper pipe insulation	180 SF
Basement	White debris on floor	4 CY
Garages	Roofing tar & flashing	1000 SF

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ASBESTOS CONTROL
& LICENSING

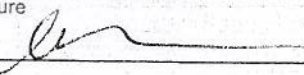
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
check 11/60
2012 AUG -1 AM 7:23

**ASBESTOS CONTROL
& LICENSING**

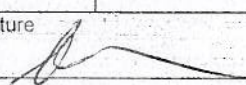
Date of Notification (1) 7-30-12		Name of Building Owner/Operator (2) Aviva Rabinovitz							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 28 Lorrie Lane							
		City, State, Zip Code Clifton, NJ 07013							
		Name of Contact Aviva Rabinovitz	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		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 28 Lorrie Lane		Square Feet 2000	# of Floors 2						
City (5) Clifton		Bldg. Age 40							
County (6) Passaic	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. 973-764-2276	License No. 703						
Start Date (10) 8/13/12	Scheduled Completion Date (11) 8/30/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			x	duct insulation	15 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 7-30-12			

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

Date of Notification (1) 7-30-12		Name of Building Owner/Operator (2) Valley National Bank C/O Michael J. Ghapina	
Agencies Notified	Type Notification	Street Address 1720 Route 23 North	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470	
		Name of Contact Dan Chin	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 1955 Laurel Road		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.)	
City (5) Lindenwold		Square Feet 2500	# of Floors 2
County (6) Camden		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50
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. 973-764-2276	License No. 703
Start Date (10) 8-11-12	Scheduled Completion Date (11) 8-18-12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> CLEAN UP <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) EXTERIOR	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			x CONCRETE & SIDING
			10 YDS
			x
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10
City, State Freehold NJ		Name of Registered Landfill GROWS N Landfill	
		Disposal Date TBD	City, State Morrisville PA
Completed by Andrew Scott Higgins		Title President/Owner	Signature 
			Date 7-30-12

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

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CHECK 11404

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Louis Izzi		2012 AUG -1 AM 7:19	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 131 Malone Avenue City, State, Zip Code Belleville NJ .07109 Name of Contact Gary Salvano Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) house			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 131 Malone Avenue			Square Feet 2000		
City (5) Belleville			# of Floors 2		Bldg. Age 40
County (6) Essex		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	
Start Date (10) 8/2/12		Scheduled Completion Date (11) 8/8/12		License No. 703	
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	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				Street Address	
				City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
boiler room east		x		pipe insulation 30 LF	
boiler room east		x		boiler insulation 30 SF	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	
City, State Freehold NJ		Disposal Date TBD		Name of Registered Landfill CROWS N Landfill	
City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 	
				Date 7/30/12	

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

Date of Notification (1) <div style="text-align: center;">July 26, 2012</div>		Name of Building Owner/Operator (2) First Presbyterian Church	
Agencies Notified	Type of Notification	Street Address 10 Wildwood Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Pittman, NJ 08071	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact Barry Owen	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 305 South Broadway			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
City Pittman	County (6) Gloucester	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 2	Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 7/27/12		Scheduled Completion Date (11) 7/31/12		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	10 lf	X			
Exterior		X		Window glazing	22 window	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/01/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 7/26/2012

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

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

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Date of Notification (1) <div style="text-align: center;">7/26/2012</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">A to Z Site Contractors, Inc.</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address <div style="text-align: center;">940 Park Avenue</div>	
		City, State, Zip Code <div style="text-align: center;">Lakewood, New Jersey 08701</div>	
		Name of Contact <div style="text-align: center;">Irving Perlstein</div>	Telephone Number <div style="text-align: center;">[REDACTED]</div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">930 County Line Road</div>					
City <div style="text-align: center;">Lakewood</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">2500 sf</div>	# of Floors <div style="text-align: center;">2</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			ASCM No.		
Street Address			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Telephone Number			Telephone Number <div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">8/09/12</div>			License Number <div style="text-align: center;">00624</div>		
Scheduled Completion Date (11) <div style="text-align: center;">8/13/12</div>			Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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 </div> </div>					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="display: flex; justify-content: space-around;">YES NO N/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2200 sf	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">4</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">8/14/12</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature <div style="text-align: center;">[Signature]</div>			Date <div style="text-align: center;">7/26/2012</div>		

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/17/12 16/11/12		Name of Building Owner/Operator (2) RAY JIMENEZ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 103 WALDWICK AVENUE			
City, State, Zip Code WALDWICK, NJ 07463			
Name of Contact RAY JIMENEZ		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RAY JIMENEZ			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 103 WALDWICK AVENUE			Square Feet		
City (5) WALDWICK			County (6) BERGEN		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 08/07/12			Sched. Completion Date (11) 08/20/12		
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: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	45 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	33 L F	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/08/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/26/12

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2012 AUG -1 AM 6:35

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 01/12/15		Name of Building Owner/Operator (2) EDIE COX	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 467 BEVERLY ROAD City, State, Zip Code RIDGEWOOD, NJ 07450	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact EDIE COX	
		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) EDIE COX			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 467 BEVERLY ROAD			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 08/20/12		Sched. Completion Date (11) 08/31/12	License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	200 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/21/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/25/12

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

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 2012 AUG -1 AM 6:34
 #2326

Date of Notification (1) 7 / 24 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Jadwin Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd.		Square Feet # of Floors Bldg. Age							
City (5) Princeton		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) MERCER		Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.							
ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 8 / 7 / 12	Scheduled Completion Date (11) 12 / 24 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	29,017 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Saddles	59 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator lobby 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	482 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior soffits 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>				Date 7/24/12			

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CL # 2327

ASB-41
MAY 11

* 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)

CL # 2328
RECEIVED Pg 1

Date of Notification (1) <u>7</u> / <u>26</u> / <u>12</u>		Name of Building Owner/Operator (2) Rutgers University		2012 AUG -1 AM 6:33					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mike Smith		Telephone Number 1-800-123-4567					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Publications Bldg				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 57 Dudley Rd									
City (5) New Brunswick				Square Feet 8000	# of Floors 2				
County (6) Middlesex				County Code (7) (STATE USE ONLY)	Bldg. Age 30+				
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington Township, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>8</u> / <u>9</u> / <u>12</u>		Scheduled Completion Date (11) <u>8</u> / <u>16</u> / <u>12</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Packing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10 Cu Yds	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 8/16/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title General Manager		Signature <i>Gino Pizzigoni</i>		Date 7/26/12			

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

Pg 2

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Date of Notification (1) <u>7</u> / <u>26</u> / <u>12</u>		Name of Building Owner/Operator (2) 2012 AUG -1 AM 6:33							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ASBESTOS CONTROL & LICENSING							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 57 DUDLEY ROAD		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) NEW BRUNSWICK		Square Feet	# of Floors						
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) ____ / ____ / ____	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM -____PM/ 5:00PM -____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <div style="text-align: right;"> <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 </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite 201	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite 201	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Black Lab Top	255 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed By (Print or Type)	Title			Signature <i>Giuseppe Pizzigoni</i>	Date 7/26/12				

CK 8750

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

REMEMBER - MAIL IN HARD COPY

DOL - 10 DAY

Date of Notification (1)
[07] / [24] / [12]

Agencies Notified

- () EPA
() DEF
(x) DOL
(x) DOH
() DCA

Type Notification

- (X) Emergency
(x) Initial Notification
() Amended Notification
() Cancellation

Name of Building Owner/Operator (2)

Hoffmann-La Roche

Street Address
340 Kingsland Street

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Ed Gorka

Telephone Number

JUL 24 2012
WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is taking Place (3)
Building 46

Street Address
"same as above"

Type of Facility (4)

- () School (K-12)
() Subchapter B (other than K-12)
(x) Other (i.e., private & commercial buildings, homes, etc.)

City (5)

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Square Feet # of Floors Bldg. Age
2

Current use (Prior if being demolished)
offices and shop

Name of Monitoring Firm Hired by Building Owner (8) Owner EHS Dept. or (EHI)

ASCM No.

Street Address

340 Kingsland (655 West Shore Tr.)

City, State, Zip Code
Nutley, NJ (Spurva NJ)

Project Manager for Monitoring Firm Telephone Number
973-235-3286 (973-729-5649)

Scheduled Start Date (10) Sched Completion Date (11)
[07] / [25] / [12] [07] / [26] / [12]
Month Day Year Month Day Year

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 am - 200 pm

Name of Abatement Contractor (9)

POW/R/SAVE Inc.

Street Address 27 West Street

City, State, Zip Code
Bloomfield, NJ 07003

Telephone Number
(973) 680-0088

License Number 357

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check all that apply) [] Full Containment with Negative Pressure w/ remote shower

[x] Demolition

[] Renovation

[x] Mini-Enclosure

(x) Glovebag Procedure

[] Non-Friable Procedure

[x] > 3 sf or > 3 lf

[] > 160 sf or > 260 lf

	Is Location Used Solely By Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E
fab shop	Yes No NA	piping	25 lf	x			

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No 304597

Cubic Yards of Waste

Name of Registered Landfill
Tullytown Resource Recovery & Grand Central

City, State Morrisville PA

Disposal Date

City, State Tullytown, PA, Pen Argyl PA

Completed By (Print or Type)

Title

Signature

Date 7/24/12



sharon Hendee

owner

[Signature]


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

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Date of Notification (1) 07/25/2012			Name of Building Owner/Operator (2) Home Properties, LP 2012 AUG -1 AM 6:22		
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Notification () Cancelled		Street Address 25 Commerce Drive ASBESTOS CONTROL	
				City, State, Zip Code Cranford, NJ 07016 & LICENSING	
		Name of Contact Craig Marschke		Phone 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pleasure Bay Apartments - Building # 3 (73-90)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 245 Atlantic Avenue			Sq. Feet : 16,960 SF No. of Floors: 2		
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc			ASCN No. 00140		Name of Contractor (9) Superior Abatement, Inc.
Street Address 655 West ShoreTrail			Street Address 2 Henderson Drive, Ste A		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm JP Von Doehren		Telephone Number (973) 729-5649	Telephone Number (973) 808-1616		License Number 00411
Scheduled Start Date (10) 8/06/2012		Scheduled Completion Date (11) 8/17/2012		Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.			Street Address 2 Henderson Drive, Ste. A		
			City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is 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	
Boiler Room, Laundry, Storage Room, Electrical Meter Room, Crawli Spaces		Air Cell and Elbows	1,425 LF	Rem.	Rep. Encap Enclose
Boiler Room, Laundry, Storage Room		Pipe Elbows	46 Ea.	X	
Boiler Room		Tank Insulation	80 SF	X	
Boiler Room		Flue Packing	4 SF	X	
Crawlspaces		Pipe Insulation Debris	200 SF	X	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 50	Name of Reg. Landfill Minerva Landfill	
City, State New Castle, DE			Disp. Date 8/17/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski		Title President	Signature 	Date 07/25/2012	


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

RECEIVED

Date of Notification (1) 07/25/2012			Name of Building Owner/Operator (2) Home Properties, LP 2012 AUG -1 AM 6:15		
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Notification () Cancelled		Street Address 25 Commerce Drive ASBESTOS CONTROL & LICENSING City, State, Zip Code Cranford, NJ 07016 Name of Contact Craig Marschke Phone	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pleasure Bay Apartments - Building # 2 (109-126)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 245 Atlantic Avenue			Sq. Feet : 16,960 SF No. of Floors: 2		
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc			ASCM No. 00140		Name of Contractor (9) Superior Abatement, Inc.
Street Address 655 West Shore Trail			Street Address 2 Henderson Drive, Ste A		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm JP Von Doehren		Telephone Number (973) 729-5649	Telephone Number (973) 808-1616	License Number 00411	
Scheduled Start Date (10) 8/06/2012		Scheduled Completion Date (11) 8/17/2012		Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.			Street Address 2 Henderson Drive, Ste. A		
			City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is 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	
Boiler Room, Hallway/ Landscape Equipment Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,275 LF	X	
Boiler Room, Hallway/ Landscape Equipment Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Pipe Elbows	59 Ea.	X	
Boiler Room	X	Tank Insulation	80 SF	X	
Boiler Room	X	Flue Packing	4 SF	X	
Crawlspaces	X	Pipe Insulation Debris	170 SF	X	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 50	Name of Reg. Landfill Minerva Landfill	
City, State New Castle, DE			Disp. Date 8/17/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski		Title President	Signature 	Date 07/25/2012	

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

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Date of Notification (1) 07/25/2012			Name of Building Owner/Operator (2) Home Properties, LP		
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Notification () Cancelled		Street Address 25 Commerce Drive City, State, Zip Code Cranford, NJ 07016	
				Name of Contact Craig Marschke	Phone [REDACTED]
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pleasure Bay Apartments - Building # 1 (91-108)			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 245 Atlantic Avenue			Sq. Feet : 16,960 SF No. of Floors: 2		
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc		ASCM No. 00140	Name of Contractor (9) Superior Abatement, Inc.		
Street Address 655 West Shore Trail			Street Address 2 Henderson Drive, Ste A		
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm JP Von Doehren		Telephone Number (973) 729-5649	Telephone Number (973) 808-1616	License Number 00411	
Scheduled Start Date (10) 8/06/2012		Scheduled Completion Date (11) 8/17/2012		Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.			Street Address 2 Henderson Drive, Ste. A		
			City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) () Demolition (X) 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) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is 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	
Boiler Room, Hallway/ Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,385 LF	X	
Boiler Room, Hallway/ Laundry Room, Storage Room, Crawl Spaces	X	Pipe Elbows	63 Ea.	X	
Boiler Room	X	Tank Insulation	80 SF	X	
Boiler Room	X	Flue Packing	4 SF	X	
Crawlspaces	X	Pipe Insulation Debris	170 SF	X	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 50	Name of Reg. Landfill Minerva Landfill	
City, State New Castle, DE			Disp. Date 8/17/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski		Title President	Signature 	Date 07/25/2012	

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

Page 1 of 1
RECEIVED
Check #1678

Date of Notification (1) 7/23/2012		Name of Building Owner/Operator (2) Pascack Valley Regional High School District							
Agencies Notified	Type Notification	Street Address 46 Akers Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ 07645							
		Name of Contact Bill Fahey	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Piermont Ave		Square Feet 115000	# of Floors 2						
City (5) Hillsdale		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No. 00117	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 318 12th Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Jim		Telephone No. 609-704-8850	License No. 01084						
Start Date (10) 7-23-2012	Scheduled Completion Date (11) 7-28-2012	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Cafeteria Courtyard		X		ACM Transite	700 SF	X			
Facilities Storage Room		X		Wrap / Cut ACM Pipe	8 LF	X			
Facilities Storage Room		X		Wrap / Cut ACM Elbows	40 PC	X			
Exterior Windows		X		Caulk, Remove Entire Window	250 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 07-23-2012			

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

1207-4515

Check #

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Date of Notification (1) 7/27/12		Name of Building Owner / Operator (2) Kingsway Regional School District		2012 AUG -1 AM 6:36	
Agencies Notified	Type Notification	Street Address 213 Kings Highway		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Woolwich Township, NJ 08085			
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	Name of Contact Business Administration		Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency				
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation				
<input type="checkbox"/> DCA					

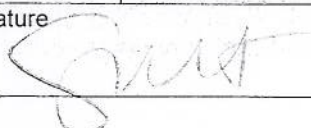
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kingsway Regional HS			Type of Facility (4)		
Street Address 201 Kings Highway			<input type="checkbox"/> School (K-12)		
City (5) Woolwich Township			<input type="checkbox"/> Subchapter 8 (Other than K-12) Unoccupied		
County (6) GLE	County Code (7)		<input checked="" type="checkbox"/> 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) Health & Safety Services			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 318 12th Street			Street Address PO Box 25		
City, State & Zip Code Hammonton, NJ 08037			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-704-8850	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 7/26/12	Scheduled Completion Date (11) 8/10/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 108 Haddon Ave.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Westmont, NJ 08108		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
Describe:					
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Material	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 8/10/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Office Coord.	Signature 	Date 7/27/12

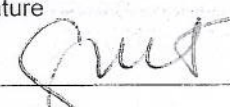
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1207-4515
Check #371

RECEIVED

2012 AUG -1 AM 6:53

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/26/12		Name of Building Owner / Operator (2) Kingsway Regional School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation								
	Street Address 213 Kings Highway								
	City, State & Zip Code Woolwich Township, NJ 08085								
	Name of Contact Business Administration		Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kingsway Regional HS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) Unoccupied <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 201 Kings Highway		Square Feet	# of Floors Bldg. Age						
City (5) Woolwich Township	County (6) GLE	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental		ASCM No.							
Street Address 1930 Brown Rd.		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code Newfield, NJ 08344		Street Address PO Box 25							
Project Manager for Monitoring Firm Jim Eberts		Telephone Number 856-889-1736	License Number 00529						
Scheduled Start Date (10) 7/26/12	Scheduled Completion Date (11) 8/10/12		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Material	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 8/10/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 7/26/12			

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

1109-4387
Check #4372

2012 AUG -1 AM 6:55
RECEIVED
ASBESTOS CONTROL
LICENSING

Date of Notification (1) 7/27/12		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	Trustees of Princeton University E.A. MacMillan Bldg	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Princeton, NJ 08544	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Robert Ortego, P.E.	

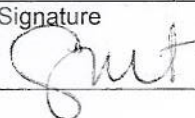
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
One Washington Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Princeton			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Mercer	County Code (7)		Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.			Current Use (Prior if being demolished) University Library		
Street Address			Name of Abatement Contractor (9) AbateTech, Inc.		
Bromley Corporate Center 3 Terri Lane, Suite 12			Street Address		
City, State & Zip Code Burlington, NJ 08016			PO Box 25		
Project Manager for Monitoring Firm Mike Keehn			City, State & Zip Code Lumberton, NJ 08048		
Telephone Number 609-386-8800			Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 7/2/12	Scheduled Completion Date (11) 8/31/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			108 Haddon Ave.		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe:			Westmont, NJ 08108		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Various Locations Throughout 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF (wrap & cut)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor Room 4-8-D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 8/31/12	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 7/27/12

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

RECEIVED

Date of Notification (1) 07 / 26 / 12			Name of Building Owner/Operator (2) TD Bank			2012 AUG -1 AM 5:47				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 47 Newark Street			ASBESTOS CONTROL & LICENSING			
				City, State, Zip Code Hoboken, New Jersey, 07030						
				Name of Contact Tim Gallagher			Telephone Number _____			
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) TD Bank						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 47 Newark Street										
City (5) Hoboken						Square Feet 8000	# of Floors 2	Bldg. Age 100+		
County (6) Hudson			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Bank				
Name of Monitoring Firm Hired by Building Owner (8) EMS of NY				ASCM No.		Name of Abatement Contractor (9) JVN Restorations Inc.				
Street Address 23 State Street				Street Address 47 Foster Rd.						
City, State, Zip Code Ossining New York 10562				City, State, Zip Code Staten Island New York 10309						
Project Manager for Monitoring Firm Jason Lopez			Telephone No. 914-309-0342		Telephone No. 718-6056-6256		License No. 00774			
Start Date (10) 08 / 09 / 12		Scheduled Completion Date (11) 08 / 13 / 12		Name of OSHA Monitor Testor Tech						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-8PM/ PM-430AM				Street Address 1059 Jackson Avenue						
				City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Telephone Room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	180SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy Room		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	120SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries, Inc.			NJDEP Waste Hauler ID No. NJ-22171		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises				
City, State Hackettstown NJ			Disposal Date 08/13/12		City, State Waynesburg OH					
Completed By (Print or Type) Joseph Tardy		Title Project Manager			Signature <i>Joseph Tardy</i>		Date 7/26/12			

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

Check # 2714

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code 2012 AUG -1 AM 5:47 paramus nj 07652	
Name of Contact melisa michaels		Telephone Number ASBESTOS & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge		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 bldgs., homes, etc.)	
Street Address 314 route 4 west		Square Feet 10,000	
City (5) paramus	County (6) bergen	County Code (7)	# Of Floors 1
Building Age 20+		Current Use (Prior if being demolished) car dealer	
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO	
Street Address 55 lane rd		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
City, State, Zip Code fairfield nj 07004		Street Address 462 Getty Avenue	
Project Mngr. For Monitoring Firm ben sallemi		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 973 2487816		Telephone Number 973-772-3660	
Scheduled Start Date (10) 08 / 06 / 12		License Number 00117	
Sched. Completion Date (11) 8 / 30 / 12		Name of OSHA Monitor LVI Environmental Services Inc.	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	200 sf
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 sf
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA 18015
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature <i>Paul Mast</i> Date 07/27/12

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

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652	
Name of Contact melisa michaelis		Telephone Number	

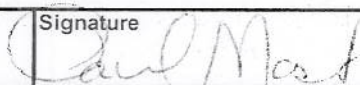
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FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 314 route 4 west					
City (5) paramus	County (6) bergen	County Code (7)	Square Feet 10,000	# Of Floors 1	Building Age 20+
			Current Use (Prior if being demolished) car dealer		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza			ASCM NO		
Street Address 55 lane rd			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
City, State, Zip Code fairfield nj 07004			Street Address 462 Getty Avenue		
Project Mngr. For Monitoring Firm ben sallemi			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 973 2487816			Telephone Number 973-772-3660		
Sched. Start Date (10) 7 / 30 / 12			Sched. Completion Date (11) 8 / 30 / 12		
			License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA 18015	

Completed by (Print or Type) PAUL MAST	Title VICE PRESIDENT	Signature 	Date 07/19/12
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**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652	
Name of Contact melisa michaels		Telephone Number [REDACTED]	

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ASBESTOS CONTROL

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)		
Street Address 314 route 4 west			Square Feet 10,000		
City (5) paramus	County (6) bergen	County Code (7)	# Of Floors 1	Building Age 20+	
Current Use (Prior if being demolished) car dealer					
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO.	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd		Street Address			
City, State, Zip Code fairfield nj 07004		462 Getty Avenue			
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816	City, State, Zip Code Clifton, NJ 07011		
Scheduled Start Date (10) 7 / 23 / 12	Sched. Completion Date (11) 8 / 30 / 12	Telephone Number 973-772-3660	License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	duct tar paper	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA 18015	

Completed by (Print or Type) PAUL MAST	Title VICE PRESIDENT	Signature 	Date 07/03/12
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**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652	
Name of Contact melisa michaels		Telephone Number & LICENSING ROL	

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FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			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 bldgs., homes, etc.)		
Street Address 314 route 4 west					
City (5) paramus	County (6) bergen	County Code (7)	Square Feet 10,000	# Of Floors 1	Building Age 20+
			Current Use (Prior if being demolished) car dealer		
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO.	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd		Street Address			
City, State, Zip Code fairfield nj 07004		462 Getty Avenue City, State, Zip Code			
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816	Clifton, NJ 07011		
Scheduled Start Date (10) 7 / 9 / 12		Sched. Completion Date (11) 8 / 30 / 12	Telephone Number 973-772-3660		License Number 00117
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		

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

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
roof level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	duct tar paper	100 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA 18015	
Completed by (Print or Type) paul mast	Title vp	Signature 	Date 6 15 2012

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SALES CONTROL
& LICENSING

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ASBESTOS CONTROL
& LICENSING

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

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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) 7/27/2012		Check#2275		Name of Building Owner/Operator (2) Good Shepherd School and Church					
Agencies Notified		Type Notification		Street Address 954 Stuyvessant Avenue					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Irvington, NJ 07111					
				Name of Contact Rev. Frank Rocchi					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Good Shepherd School and Church				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 285 Nesbit Terrace				Square Feet 60,000					
City (5) Irvington, NJ 07111				# of Floors 3					
County (6) Essex				Bldg. Age 60+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Private School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address			Street Address 426 69th Street -Second Floor-						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-295-1700				
					License No. 01074				
Start Date (10) 08/08/2012		Scheduled Completion Date (11) 08/11/2012		Name of OSHA Monitor EA Services Corporation					
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 same as above					
				City, State, Zip Code same as above					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Inside school chapel		x		ACM-Pop Corn Ceiling	24 SF	x			
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management			
City, State PO BOX 5010			Disposal Date tbd		City, State Tully town Landfill				
Completed by Gina Salvador			Title Office Manager		Signature 		Date 7/27/12		

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

Check # 8275
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Date of Notification (1) 7-30-12		Name of Building Owner/Operator (2) Kathy McAdams							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Rockage Road City, State, Zip Code Warren NJ 07059							
		Name of Contact Kathy McAdams	Telephone Number 609-758-3365						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 4 Rockage Road		Square Feet	# of Floors 1						
City (5) Warren NJ 07059		Bldg. Age 60+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394						
Start Date (10) Aug 9, 2012	Scheduled Completion Date (11) Aug 9, 2012		Name of OSHA Monitor EPC Technologies						
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 P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	X			Pipe Insulation	80 LF	X			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date Aug 10, 2012		City, State Monroeville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 7-30-12			

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

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**ASBESTOS CONTROL
& LICENSING**



Date of Notification (1) 7/26/12		Name of Building Owner/Operator (2) Thomas Apostolik	
Agencies Notified	Type Notification	Street Address 3 Sutton Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Verona, NJ 07044	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Thomas Apostolik	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 3 Sutton Place			Square Feet 2550		
City (5) Verona			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 08/06/12	Sched. Completion Date (11) 08/07/12	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

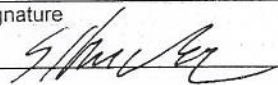
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe	120 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.2	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 08/08/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 7/26/12	

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

RECEIVED

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Bergen County Technical School							
Agencies Notified	Type Notification	Street Address 327 E. Ridgewood Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Tom Jodice	Telephone Number L _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Teterboro Technical School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 504 Route 46 West		Square Feet	# of Floors 3						
City (5) Teterboro		County Code (7) 07608	Bldg. Age 40						
County (6) Bergen		Current Use (Prior if being demolished) education							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.	Name of Abatement Contractor (9) Pow/R/Save Inc.						
Street Address 1253 N. Church Street		Street Address 27 West Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	License No. 357						
Start Date (10) 08/14/12	Scheduled Completion Date (11) 08/14/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Supply closet			X	piping	8 lf	X			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 2	Name of Registered Landfill CWM Chemical Services					
City, State Cranbury, NJ			Disposal Date	City, State Model City, NY					
Completed by sharon hendee		Title owner	Signature 			Date 7/30/12			

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

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2012 AUG -1 AM 8:32

ASBESTOS CONTROL
& LICENSING


Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Middle Township Public Schools	
Agencies Notified	Type Notification	Street Address 216 S. Main Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May Court House NJ 08210	
		Name of Contact Dawn	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Middle Township Elm School # 1		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 216 S. Main Street		Square Feet 1000 +	# of Floors 1
City (5) Cape May Court House NJ 08210		Bldg. Age 35 +	
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Pernaco Inc	
City, State, Zip Code		Street Address PO box 329	
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091	
Telephone No.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 8/13/12	Scheduled Completion Date (11) 8/17/12	Name of OSHA Monitor Pernaco 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 PO box 329	
		City, State, Zip Code West Berlin NJ 08091	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM): (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 20 office Area Child Study R				Floor Tile / mastic	1200 SF	x			


Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 8/17/12		City, State Morrisville Pa 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 7/30/12

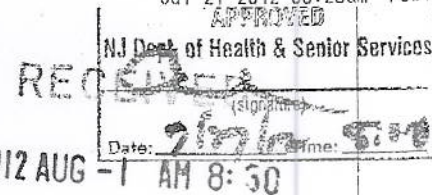
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 AUG -1 AM 8:32

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) NJ Transit							
Agencies Notified	Type Notification	Street Address One Penn Plaza East							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Russel Samaroo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Penn Station Platform E		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 1 west Raymond Pl		Square Feet 1000+	# of Floors x						
City (5) Newark NJ 07102		Bldg. Age x							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc						
Street Address 1253 North Church St		Street Address PO box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 8/13/12	Scheduled Completion Date (11) 8/17/12	Name of OSHA Monitor Pernaco 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 PO box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Wet Wrap - out <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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Platform E			x	pipe insulation	130 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/17/12		City, State Morrisville Pa 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 7/30/12		



ASBESTOS CONTROL & LICENSING

MO# 20142483524

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:26 and 5:16)

Emergency Notification

Date of Notification (1)

07 / 27 / 12

Agencies Notified

- ☐ EPA
☒ DCLWD
☒ DHSS
☐ DCA
 (NJAC 5:23-8)

Type Notification

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

Name of Building Owner/Operator (2)

Xiaowen Shao

Street Address

1227 43rd Street

City, State, Zip Code

North Bergen, NJ 07047

Name of Contact

Xiaowen Shao

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

1227 43rd Street

City (5)

North Bergen, NJ 07047

County (6)

Hudson

Type of Facility (4):

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

Square Feet

of Floors

Bldg. Age

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

Name of Monitoring Firm Hired by Building Owner (8)

ASOM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

07 / 28 / 12

Scheduled Completion Date (11)

07 / 29 / 12

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: 4:00 PM - 4:00 PM

Street Address

20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☒ > 3 sf or > 3 ft
☐ > 150 sf or > 260 ft

- ☒ Renovation
☐ Demolition

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

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility
(12)

Basement

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 SIF or LF)	Abatement Type			
Yes	No	N/A	Remove	Repair	Encapsulate	Enclose
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>

NJDOT Waste hauler ID No.

0032785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

TBD

Tullytown, PA

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed By (Print or Type)

N. Jevtic

ASB-41

6-6-11

Title
Owner

Signature

N. Jevtic

Date

07/27/2012

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

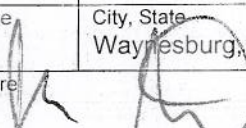
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:26 and 12:12)

check 3872
RECEIVED

Date of Notification (1) 7-27-2012		Name of Building Owner/Operator (2) T. RAMUNNO							
Agencies Notified	Type Notification	Street Address 36 ALEXANDRIA AVENUE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HAWTHORNE, NJ 07506							
		Name of Contact T. RAMUNNO	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) T. RAMUNNO		Type of Facility (4)							
Street Address 36 ALEXANDRIA AVENUE		<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.)							
City (5) HAWTHORNE	Square Feet 2050	# of Floors 2	Bldg. Age 70 YRS						
County (6) PASSAIC	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)						
Street Address			Best Removal Inc						
City, State, Zip Code		Street Address 450 South River St							
		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 8-9-2012	Scheduled Completion Date (11) 8-10-2012	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler St.							
<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: 8 AM - 5 PM		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 260 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"/> Gassing Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedures									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement			X	THERMAL INSULATION	48 SF	X			
Basement			X	THERMAL INSULATION	25 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 yd.	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 8-10-12		City, State Waynesburg, OH.					
Completion by R. Veldran		Title Estimator	Signature R. Veldran			Date 7-27-2012			

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

RECEIVED
CHECK # 18844

Date of Notification (1) 07-26-12		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, Texas							
		Name of Contact Lance Gangemi	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 40 Orient Way		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.)							
City (5) Rutherford		Square Feet 25,000	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Harold Baldwin		Telephone No. (856) 840-8800	Telephone No. 201-939-6565						
Start Date (10) 08-06-12		Scheduled Completion Date (11) 10-31-12	License No. 00756						
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 Even-Air Inc.							
		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement: AC Room # 2	x			VAT/Mastic	80SF	x			
Basement: AC Room # 2	x			Pipe Insulation	6LF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Joseph Patrick		Title Project Manager		Signature 		Date 07-26-12			

*Only completion date is amended.

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

Date of Notification (1) 7-27-2012		Name of Building Owner/Operator (2) Legow Management		2012 AUG -1 AM 8:2	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 South Livingston Ave. City, State, Zip Code Livingston, NJ 07039 Name of Contact John	
				Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Haddon View Apartments			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 Mac Arthur Blvd.			Square Feet	# of Floors	Bldg. Age 50+
City (5) Haddon Township					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Unit	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC	
Street Address n/a				Street Address 22 Troy Lane	
City, State, Zip Code n/a				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01088
Start Date (10) 8-6-2012		Scheduled Completion Date (11) 8-11-2012		Name of OSHA Monitor Jadar Contracting, LLC	
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: 9am - 5 pm				Street Address 22 Troy Lane	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Entrance Area			X	Popcorn Ceiling	792 SF
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 	Date 7-27-2012

No check

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

Date of Notification (1) <u>07/25/12</u>		Name of Building Owner/operator (2) <u>West Orange BOE</u>		2012 AUG -1 AM 8:26				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>179 Eagle Rock Avenue</u>					
			City, State, Zip Code <u>West Orange, NJ 07052</u>					
		Name of Contact <u>Robert Csigi</u>		Telephone Number _____				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Thomas Edison Central Six School</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>75 Williams Street</u>				Square Feet	# of Floors			
City (5) <u>West Orange</u>				Bldg. Age				
County (6) <u>Essex County</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <u>AHERA Consultants, Inc</u>		ASCM No.		Name of Abatement Contractor (9) <u>Nick Restoration LLC</u>				
Street Address <u>PO Box 385</u>				Street Address <u>72 Brookside Rd</u>				
City, State, Zip Code <u>Oceanville, NJ 08231</u>				City, State, Zip Code <u>Randolph, NJ 07869</u>				
Project Manager for Monitoring Firm <u>John Smoyer</u>		Telephone No. <u>609-652-1833</u>		Telephone No. <u>973 933-2550</u>	License No. <u>001133</u>			
Start Date (10) <u>08/06/2012</u>		Scheduled Completion Date (11) <u>08/08/2012</u>		Name of OSHA Monitor <u>J&S Environmental</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <u>2333 Rt 22 W</u>				
				City, State, Zip Code <u>Union, NJ 07083</u>				
Scope of Work (Check all that apply)								
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
		X	Wall plaster material	240 SF	X			
Name of Registered Waste Hauler <u>Nick Restoration LLC</u>		NJDEP Waste Hauler ID No. <u>0033782</u>		Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S</u>			
City, State <u>Randolph, NJ 07869</u>		Disposal Date <u>TBD</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Elvira Mrda</u>		Title <u>President</u>		Signature <u>Elvira Mrda</u>		Date <u>07/25/2012</u>		

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

RECEIVED

Date of Notification (1) 7/27/2012		Name of Building Owner/Operator (2) BAYONNE MEDICAL CENTER							
Agencies Notified	Type Notification	Street Address 29 EAST 29TH STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BAYONNE, NJ 07002							
		Name of Contact NICK VERDUCCI	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BAYONNE MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 29 EAST 29TH STREET		Square Feet	# of Floors						
City (5) BAYONNE		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 20-21 WAGARAW ROAD, BUILDING #34A		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm WILLIE MORALES	Telephone No. 973-636-9145	Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 8/9/2012	Scheduled Completion Date (11) 8/31/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			BOILER ROPE	10 SF	X			
				BOILER DOOR GASKET	5 SF	X			
				FIREBRICK ON INTERIOR SIDE	2,000 SF	X			
				OF BOILER FLOOR & WALLS					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 45	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 8/31/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>		Date 7/27/2012			

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

RECEIVED

Date of Notification (1) 7/25/2012		Name of Building Owner/Operator (2) Kennedy Lofts LLC		2012 AUG -1 AM 7:15	
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 justification) <input type="checkbox"/> Cancellation		Street Address 100 Newkirk Street City, State, Zip Code Jersey City NJ Name of Contact Angelo Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 100 Newkirk Street			Square Feet 6360 # of Floors 8 Bldg. Age +50		
City (5) Jersey City NJ		County (6) Hudson		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) First Phase Group Inc	
Street Address N/A		City, State, Zip Code N/A		Street Address 567-52nd street Suite#16	
City, State, Zip Code N/A		Telephone No. N/A		City, State, Zip Code West New York NJ 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 001144	
Start Date (10) 8/6/2012		Scheduled Completion Date (11) 9/15/2012		Name of OSHA Monitor J&S Environmental Corp	
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: 8 Hours			Street Address 2333 Route 22 West		
			City, State, Zip Code Union NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
floors 1,2,3,4,5,6,7 and 8		x		floor tile and mastic	50880
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 100 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley NJ 11967		Disposal Date		City, State Waynesburg OH 44688	
Completed by Edwin Precilla		Title Project Manager		Signature <i>Edwin Precilla</i>	Date 7/25/2012

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

RECEIVED

2012 AUG -1 AM 7:04

Date of Notification (1) 07/27/12 Ck: 2188 \$200		Name of Building Owner/Operator (2) Monmouth Regional Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address One Norman J Field Way		City, State, Zip Code Tinton Falls, New Jersey 07724							
Name of Contact Jim Tierney		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address One Norman J Field Way		Square Feet 20,000							
City (5) Tinton Falls, New Jersey 07724		# of Floors 2							
County (6) Monmouth		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.							
Street Address PO Box 385		Name of Abatement Contractor (9) Lilich Corporation							
City, State, Zip Code Oceanville, New Jersey 08231		Street Address 606 McBride Avenue							
Project Manager for Monitoring Firm John Smoyer		City, State, Zip Code Woodland Park, New Jersey 07424							
Telephone No. 609-652-1833		Telephone No. 973-225-8400							
Start Date (10) 08/06/12		License No. 01104							
Scheduled Completion Date (11) 08/08/12		Name of OSHA Monitor J&S Environmental Labs LLC							
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: 7:00AM-3:30PM		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, New Jersey 07083							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
C Wing Stock Room	X			Fittings (Wrap & Cut)	8	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424		Disposal Date 08/10/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 07/27/12			

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

RECEIVED

2012 AUG -1 AM 7:53

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 07/27/12 Ck: 2191 \$200		Name of Building Owner/Operator (2) Cedar Grove Board of Education							
Agencies Notified	Type Notification	Street Address 520 Pompton Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Grove, New Jersey 07009							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Mario Gaita	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedar Grove High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 90 Rugby Road		Square Feet 20,000	# of Floors 2						
City (5) Cedar Grove, New Jersey 07009		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 08/10/12	Scheduled Completion Date (11) 08/12/12	Name of OSHA Monitor J&S Environmental Labs LLC							
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: Fri 4pm start, Sat & Sun 7am-7pm		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
E Wing Hallway Ceiling		X		Ceiling Plaster & lathe	100 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 08/13/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 07/27/12		

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

RECEIVED

Date of Notification (1) 07/27/12		Name of Building Owner/Operator (2) Rutherford Board of Education							
Agencies Notified	Type Notification	Street Address 176 Park Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 13 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Anthony Paterno	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 359 Union Avenue		Square Feet 75000	# of Floors 2						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 34A		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973 636 9145	Telephone No. 973 256 7010						
		License No. 00666							
Start Date (10) 07/30/12	Scheduled Completion Date (11) 08/01/12	Name of OSHA Monitor Bako Construction & Restoration, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Hallway		X		Wall Plaster	50SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa NJ		Disposal Date 08/01/12		City, State Morrisville PA					
Completed by Goran Kojic		Title V.P.	Signature <i>Goran Kojic</i>			Date 07/27/12			

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

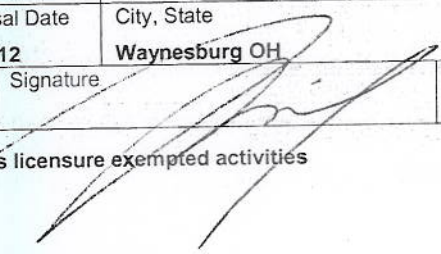
RECEIVED

Date of Notification (1) 07/16/12		Name of Building Owner/Operator (2) Rutherford Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 176 Park Avenue							
		City, State, Zip Code Rutherford NJ 07070							
		Name of Contact Anthony Paterno	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Union School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 359 Union Avenue		Square Feet 75000	# of Floors 2						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 34 A		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Guillermo Morales		Telephone No. 973 636 9145	Telephone No. 973 256 7010						
		License No. 00666							
Start Date (10) 07/30/12	Scheduled Completion Date (11) 08/01/12	Name of OSHA Monitor Bako Construction & Restoration Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Fl. Stairwell #2		X		Wall Plaster	50SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa NJ		Disposal Date 08/01/12		City, State Morrisville PA					
Completed by Goran Kojic		Title V.P.	Signature <i>Goran Kojic</i>			Date 07/16/12			

OK
4220

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

RECEIVED

Date of Notification (1) July 26, 2012		Job #: 2012 Res.		Name of Building Owner/Operator (2) Gary Moskowitz		2012 AUG -1 AM 7:52			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 N. Rosborough Avenue City, State, Zip Code Ventnor, NJ 08406		ASBESTOS CONTROL & LICENSING			
				Name of Contact Gary Moskowitz				Telephone Number _____	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Moskowitz Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)					
Street Address 19 N. Rosborough Avenue				Square Feet 2,000 +		# of Floors 2	Bldg. Age 30 Yrs. +		
City (5) Ventnor		County (6) Atlantic County		County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Private Residence			
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts			ASCM No.		Name of Contractor (9) Prime Group Remediation, Inc.				
Street Address 286 Sunset Road					Street Address 4343 'G' Street				
City, State, Zip Code Barrington NJ 08007					City, State, Zip Code Philadelphia, PA 19124				
Project Manager for Monitoring Firm Michael Menz		Telephone Number 856-628-6020		Telephone Number 215-533-3503		License Number 00858			
Scheduled Start Date (10) August 10, 2012		Scheduled Completion (11) August 10, 2012		Name of OSHA Monitor Indoor Environmental Concepts					
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 286 Sunset Road					
				City, State, Zip Code Barrington NJ 08007					
Source of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		x		Pipe Insulation	100 LF	x			
Name of Reg. Waste Hauler The Prime Group Remediation		NJDEP Waste Hauler ID #		Cubic Yards of Waste 1.25	Name of Reg. Landfill Minerva (DEP #15-1292)				
City, State Philadelphia, PA				Disposal Date 08/24/12	City, State Waynesburg OH				
Completed by Vincent Primavera	Title Project Manager		Signature 		Date July 26, 2012				

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

RECEIVED

Date of Notification (1) 07/25/2012		Name of Building Owner/Operator (2) Borough of Wood-Ridge		2012 AUG -1 AM 7:36					
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 Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 85 Humboldt Street City, State, Zip Code Wood-Ridge NJ 07075 Name of Contact Allen Barnett Telephone Number L					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wood-Ridge Intermediate School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 151 1st Street			Square Feet # of Floors Bldg. Age						
City (5) Wood-Ridge			2 50 years						
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Middle School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 0030		Name of Abatement Contractor (9) Savic Construction Corp					
Street Address 120 North Warren Street		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Wood-Ridge		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Ronald Jones		Telephone No. 212-952-7300		Telephone No. 973-339-9735 License No. 01034					
Start Date (10) 07/23/2012		Scheduled Completion Date (11) 08/23/2012		Name of OSHA Monitor Savic Construction Corp					
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 205 Route 46 Suite 15 City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Multiple classrooms on 2nd& 1st floor		X		VAT/Mastic	14,445 SF	x			
Attic (room equivalent 2020)		X		TSI fittings - wet/wrap/cut	420 LF	x			
Classrooms 003 to 2019		X		TSI fittings - wet/wrap/cut	174 LF	x			
Multiple classroom windows		X		Exterior asbestos caulking	74 openings	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill GROWS				
City, State Newark NJ				Disposal Date 08/23/2012	City, State Morrisville, PA				
Completed by Sava Savic		Title President		Signature Sava Savic		Date 07/25/2012			