

No check

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

RECEIVED
2012 AUG -2 AM 1:25
ASBESTOS CONTROL
& LICENSING

<u>Date of Notification (1)</u> 07/31/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u>

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Screen House Bldg - 1D			<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> 1 James Street			Sq. Feet <u>330</u> # of Floors <u>1</u>	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7) (State Use Only)</u>	Bldg. Age <u>50 +/-</u> Current Use (prior if being demolished) <u>vacant manufacturing</u>	

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

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 6/25/2012	<u>Scheduled Completion Date (11)</u> 10/05/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 10 59 Jackson Ave.	
<u>Describe Vacant Bldg. To Be Demolished</u> 330 sf building to be demolished in its entirety		<u>City, State, Zip Code</u> L.I.C. New York, 11101	
<u>Other - Describe</u>			

Source of Work (Check all that apply)

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

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap.	Enclose
Screen House	X			Window/Door Caulk	260 LF	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 5	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE		<u>Disp. Date</u> 6/29/12	<u>City, State</u> Waynesburg, OH

<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Coordinator	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 7/31/12
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State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

Check # 2571

RECEIVED

GAC Project # 060-12

Client Project #

Date of Notification (1) July 26, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MIKE SMITH, ENV. HEALTH & SAFETY	Telephone Number

2012 AUG -2 PM 4:18
ENVIRONMENTAL HEALTH CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 180 COLLEGE AVENUE, BLDG# 3113			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.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years
Street Address COLLEGE AVENUE CAMPUS			Current Use (prior if being demolished): ACADEMIC
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	

Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES	ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET

City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840

Scheduled Start Date (10) 08/04/12	Scheduled Completion Date (11) 08/06/12	Name of OSHA Monitor 1 ENVIROVISION, INC.
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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: Shift Hours: 8:00 AM - 5:00 AM	Street Address 20-21 WARGARAW ROAD
	City, State, Zip Code FAIRLAWN, NJ

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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
KITCHEN 104	<input checked="" type="checkbox"/>	VAT	40 SF	<input checked="" type="checkbox"/>

Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 08/6/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			

Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date July 26, 2012
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State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

check # 2572

RECEIVED

GAC Project # 060-12
Client Project #

Date of Notification (1) July 26, 2012		Name of Building Owner/Operator RUTGERS, THE STATE UNIVERSITY OF NJ.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 additional quantity & locations <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BLAKE HALL, BLDG# 6005			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 COOK CAMPUS			Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC

Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES	ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET

City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840

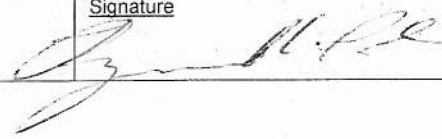
Scheduled Start Date (10) 07/27/12	Scheduled Completion Date (11) 08/01/12	Name of OSHA Monitor 1 ENVIROVISION, INC.
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM DAILY	Street Address 20-21 WARGARAW ROAD
	City, State, Zip Code FAIRLAWN, NJ

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Room 244	<input checked="" type="checkbox"/>	VAT	3400 SF	<input checked="" type="checkbox"/>
Rooms 144 & 149	<input checked="" type="checkbox"/>	VAT	1500 SF	<input checked="" type="checkbox"/>

Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 08/1/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			

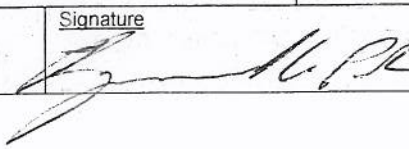
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date July 26, 2012
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State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12

Client Project #

RECEIVED
2012 JUL 19 2 PM 4:18
NJ DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) July 17, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact GREG LUPINSKI, ENV. HEALTH & SAFETY	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BLAKE HALL, BLDG# 6005		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.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address COOK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 07/27/12	Scheduled Completion Date (11) 08/01/12	Name of OSHA Monitor 1 ENVIROVISION, 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 <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM DAILY		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 244	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 3400 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/1/12	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date July 17, 2012

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

RECEIVED

6817
Check # 6297

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) New Jersey Turnpike Authority		2012 AUG -2 PM 4:15	
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 of Notification <input checked="" type="checkbox"/> Initial Notification	Street Address PO Box 5042		ASBESTOS CONTROL & LICENSING	
	<input checked="" type="checkbox"/> Amended Notification Amend #1	City, State, Zip Code Woodbridge, NJ 07095			
	<input type="checkbox"/> Cancellation	Name of Contact Gregory Soska	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJT John Fenwick Service Area			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address NJ Turnpike Milepost 5.4 NB			Square Feet 8000	# of Floors 1	Bldg. Age ~50
City (5) Oldsman Twp.	County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Rest area		

Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCN No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road		Street Address 3 Lynn Court			
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely	Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852	
Scheduled Start Date (10) 8/6/12	Sched. Completion Date (11) 8/31/12	Name of OSHA Monitor J & S Environmental Laboratories, 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	R	E	E	
Boiler room	X			TSI - Boiler and breeching insulation/gaskets	600 SF	x				
Boiler room	X			TSI - pipe insulation	100 LF	x				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 12	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ		Disposal Date 8/30/12	City, State Waynesburg, OH
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	
			Date 7/30/12

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

RECEIVED

Check # 6820

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Union Township Public Schools	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [X] Initial Notification [] Emergency [] Amended Notification [] Cancellation	Street Address 2369 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Thomas Wiggins	Telephone Number [REDACTED]

2012 AUG -2 PM 4:15
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Battle Hill ES			Type of Facility (4) [X] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 2600 Killian Place			Square Feet 60000	# of Floors 2	Bldg. Age ~ 60
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Omega Environmental Services, Inc		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 280 Huyler St.			Street Address 3 Lynn Court		
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Anton Rezin		Telephone Number 201-489-8700	Telephone Number 973-709-0200	License Number 00852	
Scheduled Start Date (10) 8/13/12	Sched. Completion Date (11) 8/27/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: [X] Other - Describe: partially vacated			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

[X] Renovation

- [] Full Containment with Negative Pressure
- [X] Mini - Enclosure
- [] Glovebag Procedure
- [X] 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	R	E	E	
Rooms/Classrooms 1, 15, 19, 28		X		VAT and mastic	3600 SF	x				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 7	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/27/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 7/30/12

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

RECEIVED

2012 AUG -2 PM 4:15 Check # 6819

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Montclair 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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 22 Valley Road	
	City, State, Zip Code Montclair, NJ 07042		Telephone Number [REDACTED]
	Name of Contact Len Saponara		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) George Inness 9 th Grade Academy			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 121 Park St.			Square Feet 80000	# of Floors 3	Bldg. Age ~ 80
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 300 Grand Ave.		Street Address 3 Lynn Court			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Stephen J.		Telephone Number 201-569-6708	Telephone Number 973-709-0200	License Number 00852	
Scheduled Start Date (10) 8/10/12	Sched. Completion Date (11) 8/17/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: <u>evening and weekend work</u> <input checked="" type="checkbox"/> Other - Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- Demolition
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

Renovation

- Full Containment with Negative Pressure
- Mini - Enclosure
- Glovebag Procedure
- Non - Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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	R	E	E	N	N			
Nurse's Suite		X		VAT	350 SF	x								

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 2	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/27/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 7/30/12

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

RECEIVED
2012 AUG -2 PM 4:14
Check # 6818

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Montclair 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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 22 Valley Road	
	City, State, Zip Code Montclair, NJ 07042		
	Name of Contact Len Saponara	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Nishuane Elementary 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 and commercial buildings, homes, etc.)	
Street Address 32 Cedar Ave.		Square Feet 90000	# of Floors 3
City (5) Montclair	County (6) Essex	Bldg. Age ~ 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) educational	

Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.	
Street Address 300 Grand Ave.		Street Address 3 Lynn Court		
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Stephen J.		Telephone Number 201-569-6708	Telephone Number 973-709-0200	License Number 00852
Scheduled Start Date (10) 8/8/12	Sched. Completion Date (11) 8/17/12	Name of OSHA Monitor J & S Environmental Laboratories, 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: partially vacated		Street Address 2333 Route 22 W		
		City, State, Zip Code Union, NJ 07083		

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 type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure
		<input checked="" 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	R	E	E	N	N			
Cafeteria		X		VAT and mastic	1700 SF	x								

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/27/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 7/30/12

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

3875
RECEIVED

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) MS. MARINA McKEARNIN										
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 507 SAGAMORE AVE										
		City, State, Zip Code TEANECK . NJ . 07666										
		Name of Contact MS. McKEARNIN										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) MS. McKEARNIN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address 507 SAGAMORE AVE		Square Feet 1800	# of Floors 2									
City (5) TEANECK		Bldg. Age 80 YRS										
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc									
Street Address		Street Address 450 South River St										
City, State, Zip Code		City, State, Zip Code Hackensack , N.J 07601										
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388									
Start Date (10) 8/13/12	Scheduled Completion Date (11) 8/14/12	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										
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 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	Rip/repair	Encapsulate
BASEMENT				THERMAL INSULATION			85 LF			<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 LLC						
City, State HACKENSACK . NJ		Disposal Date 8/14/12		City, State WAYNESBURG, OH								
Completed by J. Maiorano		Title Estimator		Signature <i>J. Maiorano</i>				Date 7/30/12				

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

RECEIVED
 CHECK # 7946

APPROVED
 Director of Health & Senior Services
 AUG 2 PM 4:12
 CONTROL & LICENSING

Date of Notification (1) 7/27/12		Name of Building Owner/Operator RODRIGUEZ							
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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1109 79th Street							
		City, State, Zip Code North Bergen, NJ 07047							
		Name of Contact Claudia Rodriguez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RODRIGUEZ		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1109 79th Street		Square Feet 2200	# of Floors 3						
City (5) North Bergen		Bldg. Age 70							
County (5) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 7/30/12	Scheduled Completion Date (11) 7/31/12	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 <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) in Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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			X	PIPE INSULATION	108 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1.5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 7/30/12 ON		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald		Date 7/27/12				

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

Date of Notification (1)
7/30/12

Name of Building Owner/Operator (2)
Helen Phillips

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification
 EMERGENCY
 Cancellation

Street Address
81 Durand Pl.

City, State, Zip Code
Irvington, NJ 07111

Name of Contact
Helen Phillips

Telephone Number
[REDACTED]

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2012 AUG -2 PM 4:10
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Street Address
81 Durand Pl.

City (5)
Irvington

County (6)
Essex

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
2400

of Floors
3

Bldg. Age
75

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
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
8/9/12

Sched. Completion Date (11)
8/10/12

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: «OffHours Descript»
 Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor
N/A

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-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 A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			x	Boiler Insulation	40 sf	X			
(((x	Pipe Insulation	140 lf	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste 2.0

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

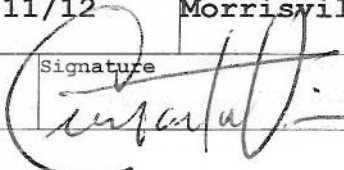
City, State
Montclair, NJ 07042

Disposal Date
8/11/12

City, State
Morrisville, PA 19067

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature


Date
7/30/12

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

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2012 AUG -2 PM 4:08

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/30/12		Name of Building Owner/Operator (2) Charlie Buchbauer	
Agencies Notified	Type Notification	Street Address 21 Prospect Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Andover, NJ 07821	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Charlie Buchbauer	[REDACTED]
<input checked="" 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)		
Street Address 21 Prospect Ave			<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.)		
City (5) Andover	County (6) Sussex	County Code (7) (STATE USE ONLY)	Square Feet 2800	# of Floors 3	Bldg. Age 110
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	Telephone Number		License Number	
	N/A	(973) 744-8800		00371	

Scheduled Start Date (10) 8/22/12 Month Day Year	Sched. Completion Date (11) 8/24/12 Month Day Year	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one)		Street Address			
<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>		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 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	N	E	O	S			
Basement			X	Pipe Insulation	160	X								

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.		
City, State Montclair, NJ 07042		Disposal Date 8/25/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/30/12		

CHECK#
2361

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27a)

RECEIVED

Date of Notification (1) 7/31/02

Name of Building Owner/Operator (2) TRANSFORMATION ENTERPRISES

Street Address 601 W. CLARKS RD

City, State, Zip Code EGG HARBOR CITY, NJ 08023

Name of Contact BANKSIA

Telephone Number _____

Agency Number: EP, BLDG, ENV, HAZ, ILL, OTH, RES

Type Notification: Initial, Amended, Emergency (including justification), Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE

Address 1338 NORTH ST

City EGG HARBOR CITY

County ATLANTIC

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

Square Feet 1000, # of Floors 2, Bldg Age 40

Current Use (Prior to being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner NA

ASCM No _____

Name of Abatement Contractor (9) Klemm Inc.

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MARLE SHADE N.J. 08012

Telephone No. 856-774-0422, License No. 020144

Name of OSHA Monitor JOSEPH KLEMM

Street Address 369 S. SPRUCE AVE

City, State, Zip Code MARLE SHADE N.J. 08012

Scheduled Completion Date (11) 8/20/12

Start Date 8/13/12

Facility Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other Describe _____

Abatement Method (Check all that apply): Renovation, Demolition, Full Containment with Negative Pressure, Min-Enclosure, Glovebag Procedure, Non-Exempted ("I") and Non-Fracking Procedure

Location of Asbestos-Containing Material (ACM) in Facility (14)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (17)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF)	Remarks
	Yr.	No	Yr.			
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500</u>	<u>X</u>

Waste Handler Klemm Inc.

NJOEA Waste Handler ID No. 179011

Cubic Yards of Waste _____

Disposal Date _____

Name of Registered Carrier ACVA

City/State PEDDANTVILLE N.J.

Signature Joseph Klemm, Title V/P, Date 7/31/02

* Do not use this form for asbestos licensure exempted activities

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

RECEIVED

1469

2012 AUG -2 PM 4:04

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>07/26/12</u>		Name of Building Owner/operator (2) <u>College of Saint Elizabeth</u>	
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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2 Convent Road</u>	
		City, State, Zip Code <u>Morristown NJ 07960</u>	
		Name of Contact <u>Jim Gerrish</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>College of Saint Elizabeth- Henderson Hall</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2 Convent Road</u>		Square Feet	# of Floors
City (5) <u>Morristown NJ 07960</u>		Bldg. Age	
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior If being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <u>Whitman</u>	ASCM No.	Name of Abatement Contractor (9) <u>Nick Restoration LLC</u>	
Street Address <u>116 Tices Lane, Unit B-1</u>		Street Address <u>72 Brookside Rd</u>	
City, State, Zip Code <u>East Brunswick, NJ 08816</u>		City, State, Zip Code <u>Randolph, NJ 07869</u>	
Project Manager for Monitoring Firm <u>Kevin Lovely</u>	Telephone No. <u>732-390-5858</u>	Telephone No. <u>973 933-2550</u>	License No. <u>01133</u>

Start Date (10) <u>07/27/12</u>	Scheduled Completion Date (11) <u>07/29/12</u>	Name of OSHA Monitor <u>J&S Environmental</u>	
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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: <u>6pm-2am</u>	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 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 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) 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
various classrooms		X		wrap& cut elbows	Appr. 80	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</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>07/26/12</u>

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

Initial Notification - Non-Friable

6333-NJ

Check # 4974
RECEIVED

Date of Notification (1) | 0 | 7 | / | 2 | 7 | / | 1 | 2 |

Name of Building Owner/Operator (2) | Morris Plains Board of Education |

Street Address | 500 Speedwell Avenue |

City, State, Zip Code | Morris Plains, NJ 07950 |

Name of Contact | Kristin Kosky, B.A. |

Telephone Number | [Redacted] |

Agencies Notified | EPA
 DEP
 IDOL
 DOH
 IDCA

Type Notification | Initial Notification
 Amended Notification
 Cancellation

2012 AUG - 2 PM 4:03
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) | Borough School |

Street Address | 500 Speedwell Avenue |

City (5) | Morris Plains |

County (6) | Morris |

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 | 40,000 | # of Floors | 2 | Bldg. Age | 50 |

Current Use (Prior if being demolished) | School |

Name of Monitoring Firm Hired by Building Owner (8) | TBD |

Street Address | |

City, State, Zip Code | |

Name of Abatement Contractor (9) | Four Strong Builders, Inc. |

Street Address | 180 Sargeant Avenue |

City, State, Zip Code | Clifton, NJ 07013-1935 |

Telephone Number | 973-614-0377 | License Number | 00807 |

Scheduled Start Date (10) | 0 | 8 | / | 1 | 6 | / | 1 | 2 |

Sched. Completion Date (11) | 0 | 8 | / | 2 | 1 | / | 1 | 2 |

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: _____

Other - Describe: _____

Name of OSHA Monitor | Four Strong Builders, Inc. |

Street Address | 180 Sargeant Avenue |

City, State, Zip Code | Clifton, NJ 07013 |

Scope of Work (Check all that apply)

Demolition
 >3 sf or >3 lf
 >160 sf or >260 lf

Renovation

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			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 I O S U R E
Lower Level Storage Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tiles	1,500 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 | Four Strong Builders, Inc. |

City, State | Clifton, NJ |

NJDEP Waste Hauler ID No. | 12609 |

Cubic Yards of Waste | |

Name of Registered Landfill | G.R.O.W.S., Inc. |

City, State | Tullytown, PA |

Disposal Date | |

Completed By (Print or Type) | Nick Zivkovic, President |

Title | President |

Signature | *Nick Zivkovic* |

Date | 7/27/12 |

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

RECEIVED

2012 AUG -2 PM 3:4

ASBESTOS CONTROL & LICENSING



Date of Notification (1) 8/30/12		Name of Building Owner/Operator (2) Wendy Eberle	
Agencies Notified	Type Notification	Street Address	Telephone Number
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	39 Birdseye Glen Verona, NJ 07044	[REDACTED]
		Name of Contact	
		Wendy Eberle	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4)		
Street Address 39 Birdseye Glen			<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.)		
City (5) Verona	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2600	# of Floors 2	Bldg. Age 70
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) [REDACTED]		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) 8/20/12		Sched. Completion Date (11) 8/21/12		Name of OSHA Monitor N/A	
Month	Day	Year	Month	Day	Year
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>					

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 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	N	E	
Basement			X	Pipe insulation	160 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8/22/12	City, State Morrisville, PA 19067		

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 7/30/12
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OK
5408

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

RECEIVED

2012 AUG -2 PM 3:46

ASBESTOS CONTROL & LICENSING

<u>Date of Notification (1)</u> 7/30/2012		<u>Name of Building Owner/Operator (2)</u> FRICK JOINT VENTURE	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation	<u>Street Address</u> 1150 W CHESTNUT	
		<u>City, State, Zip Code</u> UNION, NJ 07083	
		<u>Name of Contact</u> TOM FRAEHMKE	<u>Tel. Number</u> _____
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> FORMER PATHMARK AND RAINBOW SPACES		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 2401 ROUTE 22 WEST		Sq. Feet <u>250,000</u> # of Floors <u>3</u>	
<u>City (5)</u> UNION	<u>County (6)</u> UNION	<u>County Code (7) (State Use Only)</u>	Bldg. Age <u>50+</u> Current Use (prior if being demolished) <u>RETAIL</u>
<u>Name of Monitoring Firm</u> PENNONI ASSOCIATES		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> ALLIANCE ENVIRONMENTAL SYSTEMS, INC.
<u>Street Address</u> 515 GROVE ST, SUITE 1B		<u>Street Address</u> 550 EAST UNION STREET	
<u>City, State, Zip Code</u> HADDON HEGHTS, NJ 08035		<u>City, State, Zip Code</u> WEST CHESTER, PA 19382	
<u>Project Manager for Monitoring Firm</u> ALAN LOYD	<u>Telephone Number</u> 856 547 0505	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 8/13/2012	<u>Scheduled Completion Date (11)</u> 9/21/2012	<u>Name of OSHA Monitor</u> VERTEX, INC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 700 TURNER WAY, SUITE 105	
Describe _____ Other - _____		<u>City, State, Zip Code</u> ASTON, PA 19014	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (x) (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) Negative Pressure Enclosure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
FORMER PATHMARK	X	VAT & MASTIC	38,700 SF
FORR RAINBOW SPACE	X	VAT & MASTIC	4,800SF
<u>Name of Reg. Waste Hauler</u> NETS/MINERS	<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> 100	<u>Name of Reg. Landfill</u> ALLIED WASTE IMPERIAL
<u>City, State</u> HAZELTON PA		<u>Disp. Date</u> TBD	<u>City, State</u> IMPERIAL PA
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 	<u>Date</u> 7/30/2012

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

Telephone 609-984-6620

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9/18/00

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

CHECK #: 7947

RECEIVED

Date of Notification (1) <u>7.30.12</u>		Name of Building Owner/Operator (2) <u>Belfington</u>							
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 (1) <u>82 North Stoughton Street</u>							
		City, State, Zip Code <u>Bergenfield, NJ 07</u>							
		Name of Contact <u>Elizabeth Belfington</u>							
		Telephone Number <u>[REDACTED]</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Belfington</u>		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 <u>82 North Stoughton Street</u>									
City (5) <u>Bergenfield</u>	Square Feet <u>1800</u>	# of Floors <u>3</u>	Bldg. Age <u>96</u>						
County (6) <u>Bergen</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>						
Street Address		Street Address <u>105 Lowell Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, NJ 07452</u>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>201-262-5841</u>						
			License No. <u>00156</u>						
Start Date (10) <u>8.20.12</u>	Scheduled Completion Date (11) <u>8.21.12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyer Street</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
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 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
<u>basement</u>			<u>X</u>	<u>pipe insulation</u>	<u>75 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State, Zip Code <u>Riverdale, NJ 07457</u>		Disposal Date <u>8.20.12</u>		City, State, Zip Code <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>Ronald A. McDonald</u>			Date <u>7.30.12</u>			

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

CHECK #: 7947

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2012 AUG -2 PM 3:43

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>7-30-12</u>		Name of Building Owner/Operator (2) <u>Anna Kellman</u>	
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 <u>500 Lafayette Avenue</u>	
		City, State, Zip Code <u>Whickoff NJ 07481</u>	
		Name of Contact <u>Rody Kellman</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Kellman</u>		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 <u>500 Lafayette Avenue</u>		Square Feet <u>1980</u>	# of Floors <u>2</u>
City (5) <u>Whickoff</u>		Bldg. Age <u>71</u>	
County (6) <u>Bergen</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>	
Street Address		Street Address <u>105 Lowell Road</u>		
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, NJ 07452</u>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>

Start Date (10) <u>8-9-12</u>	Scheduled Completion Date (11) <u>8-10-12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyer Street</u>	
		City, State, Zip Code <u>Hackensack, NJ 07606</u>	

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 or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" 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
<u>basement</u>			<u>X</u>	<u>pipe insulation</u>	<u>140 LF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>1.5</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State, Zip Code <u>Riverdale, NJ 07457</u>		Disposal Date <u>8-9-12</u>		City, State, Zip Code <u>Bethlehem, PA 18015</u>	
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>Ronald A. McDonald</u>		Date <u>7-30-12</u>

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

CHECK #: 7947

RECEIVED

2012 AUG -2 PM 3:43
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>7-30-12</u>		Name of Building Owner/Operator (2) <u>Aklian</u>	
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 <u>668 Ward Avenue</u>	
	City, State, Zip Code <u>Westwood NJ 07675</u>		Telephone Number [REDACTED]
	Name of Contact <u>Maria Aklian</u>		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Aklian</u>		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 <u>241 Coomina Avenue</u>		Square Feet <u>2700</u>	# of Floors <u>2</u>
City (5) <u>Cliffside Park</u>		Bldg. Age <u>95</u>	
County (6) <u>Bergen</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>RESIDENTIAL</u>	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. MAC Contracting Inc</u>	
Street Address		Street Address <u>105 Lowell Road</u>		
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, NJ 07452</u>		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>

Start Date (10) <u>8-8-12</u>	Scheduled Completion Date (11) <u>8-9-12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Huyer Street</u>	
		City, State, Zip Code <u>Hackensack, NJ 07606</u>	

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 or ≥ 260 lf	<input type="checkbox"/> Demolition	<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) In Facility (13) <u>TO BE ABATED</u>	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
<u>basement</u>			<u>X</u>	<u>pipe insulation</u>	<u>100 LF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State, Zip Code <u>Riverdale, NJ 07457</u>		Disposal Date <u>8/8/12</u>		City, State, Zip Code <u>Bethlehem, PA 18015</u>	
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>Randall A. McDonald</u>		Date <u>7-30-12</u>

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

REC# 2330

2012 AUG -2 PM 3:42

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7/30/12		Name of Building Owner / Operator (2) Rutgers University	
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"/> Emergency <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 [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) CAMDEN SCIENCE BUILDING #7002			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 315 PENN STREET			Square Feet N/A	# of Floors 4	Bldg. Age 60+ years
City (5) Camden	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Academic		

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 Number 609-386-3800	Telephone Number (215)788-6040	License Number 00509	

Scheduled Start Date (10) 8/9/12	Scheduled Completion Date (11) 8/13/12	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Describe: 5:00 PM - 5:00 AM <input type="checkbox"/> Facility Occupied During Abatement		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 type="checkbox"/> Full Containment with Negative Pressure
<input checked="" 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	Enclosure
ROOM 217	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 217	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 217	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TSI	< 9 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 8/13/12	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 7/30/12

OK
1133

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

REAPPROVED
NJ Dept. of Health & Senior Services
Date: 07/31/12
Signature: [Signature]

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/31/12		Name of Building Owner/operator (2) Julio Valentin						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 261 Andover Road						
		City, State, Zip Code Andover Township, NJ 07860						
		Name of Contact Julio Valentin	Telephone Number [Redacted]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Greenleaf Compassion Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc)						
Street Address 395 Bloomfield Avenue		Square Feet 2000	# of Floors 2					
City (5) Montclair, NJ 07042		Build. Age 20+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Property						
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Blavor, Inc.						
Street Address n/a		Street Address 1 Mountain Ave						
City, State, Zip Code n/a		City, State, Zip Code Montville, NJ 07045						
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-265-4165	License No. 01049					
Start Date (10) 08/01/12	Scheduled Completion Date (11) 08/01/12	Name of OSHA Monitor Blavor, 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 <input checked="" type="checkbox"/> Other - Describe: 9:00 am - 9:00 pm		Street Address 1 Mountain Ave						
		City, State, Zip Code Montville, NJ 07045						
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 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
Basement			X	Asbestos Pipe Insulation	50 LF	X		
Name of Registered Waste Hauler Blavor, Inc.		NJ DEP Waste Hauler ID No. 01780	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.C.W.S. Landfill				
City, State Montville, NJ 07045		Disposal Date TBD	City, State Morrisville, PA 19067					
Completed By Ray Nedich	Title President	Signature		Date 07/31/12				

CK
091711

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

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2012 AUG -2 PM 3:41

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) WR GRACE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 2133 85th Street	
		City, State, Zip Code North Bergen, New Jersey	
		Name of Contact CHAS TAYANO	

ASBESTOS CONTROL
Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) WR GRACE			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 2133 85th St			Square Feet 14,000	# of Floors 1	Bldg. Age 49
City (5) North Bergen			Current Use (Prior if being demolished) Manufacturing		
County (6) Hudson		County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) EHE		ASCM No.		Name of Abatement Contractor (9) JW Heritage Const. Serv	
Street Address 655 West Shore Trail		Street Address PO Box 392			
City, State, Zip Code Wana, New Jersey 07871		City, State, Zip Code Hackensack, NJ 07840			
Project Manager for Monitoring Firm Bill Keibel		Telephone No. 908-729-5649		Telephone No. 908-417-3355	
				License No. 00768	

Start Date (10) 8/9/12		Scheduled Completion Date (11) 8/10/12		Name of OSHA Monitor EHE	
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: <u>Regular Hours</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 type="checkbox"/> Mini-Enclosure
	<input checked="" type="checkbox"/> Abatement	<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
Northwest closet		<input checked="" type="checkbox"/>		VAT	9 sqft	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 147723		Cubic Yards of Waste 30		Name of Registered Landfill GROWS	
City, State New Jersey		Disposal Date		City, State Monroeville, PA			
Completed by John Wash		Title President		Signature John Wash		Date 7/30/12	

OK
2481

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

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Date of Notification (1) 07/29/2012		Name of Building Owner/Operator (2) Livingston Board of Education		2012 AUG -2 PM 3:40								
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 Foxcroft Drive		ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code Livingston NJ 07039		Name of Contact Paul Ko		Telephone Number _____						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Burnet Hill Elementary 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 25 Byron Place				Square Feet		# of Floors	Bldg. Age					
City (5) Livingston		County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Public School						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental			ASCM No. 00073		Name of Abatement Contractor (9) Savic Construction Corp							
Street Address PO Box 316				Street Address 205 Route 46 Suite 15								
City, State, Zip Code Thorofare NJ 08086				City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm Steve Flanigan			Telephone No. 856-848-0800		Telephone No. 973-339-9735		License No. 01034					
Start Date (10) 08/13/2012		Scheduled Completion Date (11) 08/20/2012		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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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 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 near Gym		X			Aircell Duct Insulation		1,100 SF	X		X		
Attic near Gym		X			TSI Fittings		70 LF	X		X		
Boiler Room		X			Tank Insulation		100 SF	X		X		
Boiler Room		X			TSI Fittings		15 LF	X		X		
Name of Registered Waste Hauler Savic Construction Corp			NJDEP Waste Hauler ID No. 32253		Cubic Yards of Waste 10 yr		Name of Registered Landfill GROWS					
City, State Totowa NJ			Disposal Date		City, State Morriseville, PA							
Completed by Sava Savic			Title President		Signature <i>Sava Savic</i>			Date 07/29/2012				

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) 7/30/12		Name of Building Owner/Operator (2) Nancy Cunliffe	
Agencies Notified	Type Notification	Street Address 139 Effingham Pl	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Westfield, NJ 07090	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Nancy Cunliffe	[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)		
Street Address 139 Effingham Pl			<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.)		
City (5) Westfield	County (6) Union	County Code (7) (STATE USE ONLY)	Square Feet 2400	# of Floors 2	Bldg. Age 92
			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) 8/8/12	Sched. Completion Date (11) 8/10/12	Name of OSHA Monitor N/A	
Month Day Year	Month Day Year		

Occupancy Status During Abatement (Check only one)	Street Address
<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>	City, State, Zip Code
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>	

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 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	R	E	E	
Basement			X	Pipe Insulation	160 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 8/11/12	City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian	Title President	Signature	Date 7/30/12
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-1-12		Name of Building Owner/Operator (2) Woodside Assoc.	
Agency 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 19 Mt. Pleasant Drive
			City, State, Zip Code Chester Heights, PA 19017
		Name of Contact Doug	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) vacant single story structure		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 N.J.S.H Route 31 and Country Road 579		Square Feet 3,000	# of Floors 2
City (5) West Amwell Township		Bldg. Age +/- 50	
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Dynamic Earth		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.
Street Address 245 Main Street, Suite 204		Street Address 2251 Fraley Street	
City, State, Zip Code Chester, NJ 07930		City, State, Zip Code Philadelphia, PA 19137	
Project Manager for Monitoring Firm Pete Howell	Telephone No. 908-879-7095	Telephone No. 215-533-5155	License No. 00848
Start Date (10) 8/6/12	Scheduled Completion Date (11) 8/15/12	Name of OSHA Monitor Dynamic Earth	
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 245 Main Street, Suite 204	
		City, State, Zip Code Chester, NJ 07930	
Scope of Work (Check all that apply) *abatement prior to demo*			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<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	
<input 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			see attached
Name of Registered Waste Hauler Service Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage
City, State Morrisville, PA		Disposal Date	City, State Libson, OH
Completed by Jennifer Niven	Title Dir. of Operations	Signature 	Date 8-1-12

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ASBESTOS CONTROL & LICENSING



West Amwell Twp.

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
exterior window glazing	exterior-residential structure	120	LF	REM
exterior building caulk	exterior-residential structure	300	LF	REM
joint compound	throughout-residential structure	2000	SF	REM
12x12 floor tile	finished garage/office-commercial structure	440	SF	REM
joint compound	throughout-commercial structure	4100	SF	REM
9x9 floor tile	shop-commercial structure	880	SF	REM
window glazing	shop windows-commercial structure	54	LF	REM
transite siding	roof-commercial structure	120	SF	REM

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

CK# R3877 RECEIVED

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) MR. JOHN JAKIMOWICZ							
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 315 UNION ST							
		City, State, Zip Code JERSEY CITY, NJ. 07308							
		Name of Contact MR. JAKIMOWICZ	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. JAKIMOWICZ		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 315 UNION ST		Square Feet 8500	# of Floors 3						
City (5) JERSEY CITY		Bldg. Age 80 YRS							
County (6) HUDSON		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE / APTS						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 8/14/12	Scheduled Completion Date (11) 8/15/12	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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
BASEMENT				THERMAL SYSTEM INSULATION	135 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler BEST REMOVAL INC		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.9	Name of Registered Landfill MINERVA ENTERPRISES LLC					
City, State HACKENSACK, NJ		Disposal Date 8/15/12	City, State WAYNESBURG, OH						
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>				Date 7/30/12			

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

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Date of Notification (1) 07/30/12 Ck: 2192 \$200		Name of Building Owner/Operator (2) United Synagogue of Hoboken		2012 AUG -2 AM 2:45					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 115 Park Avenue, Hoboken, NJ 07030						
	City, State, Zip Code Hoboken, New Jersey 07030			Name of Contact Anita Belle					
			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) United Synagogue of Hoboken			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 115 Park Avenue, Hoboken, NJ 07030									
City (5) Hoboken, New Jersey 07030			Square Feet 5,000	# of Floors 3	Bldg. Age 55+				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Synagogue					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-8900	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 08/27/12		Scheduled Completion Date (11) 08/31/12		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: M-F 7AM-3:30pm			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, New Jersey 07083						
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 checked="" 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
Crawl Space	X			Greycorrugated Air Cell Pipe Insul	350 LF	X			
				Occupied					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 09/03/12	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 07/30/12				

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

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2012 AUG -2 AM 2:44

Check # 6816

Date of Notification (1) 7/28/12		Name of Building Owner/Operator (2) Union Township Public Schools	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [x] Initial Notification [] Emergency [] Amended Notification [] Cancellation	Street Address 2369 Morris Ave.	
	City, State, Zip Code Union, NJ 07083		Telephone Number --
	Name of Contact Thomas Wiggins		

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kawaneeh Middle School			Type of Facility (4) [x] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 490 David Terr.			Square Feet 80000	# of Floors 3	Bldg. Age ~ 50
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Omega Environmental Services, Inc		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 280 Huyler St.		Street Address 3 Lynn Court			
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Anton Rezin		Telephone Number 201-489-8700	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 8/6/12	Sched. Completion Date (11) 8/21/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <u>evenings and weekend</u> [] Other - Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

[X] Renovation

- [] Full Containment with Negative Pressure
- [x] Mini - Enclosure
- [] Glovebag Procedure
- [x] 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	R	E	E	
Rooms/Classrooms 1,202,203,204		X		VAT and mastic	3100 SF	x				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/27/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 7/28/12

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

RECEIVED

CK #220012 AUG -2 AM 2:42

NO
check
sent

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) THE PENNINGTON SCHOOL						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 WEST DELAWARE AVENUE					
	City, State, Zip Code PENNINGTON, NJ 08534		Telephone Number					
Name of Contact DAVID J. D'ANDREA								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) THE PENNINGTON SCHOOL/GREEN HALL		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)						
537 CRYSTAL AVENUE 112 WEST DELAWARE AVENUE		Square Feet	# of Floors Bldg. Age					
PENNINGTON, NJ 08534		Current Use (Prior if being demolished)						
County MERCER	County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH SERVICES		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.					
Street Address 78 E. ATLANTIC WAY		Street Address 15 BLACK FOREST ROAD						
City, State, Zip Code LAVALLETTE, NJ 08735		City, State, Zip Code HAMILTON, NJ 08691						
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676					
Start Date (10) 8/1/12	Scheduled Completion Date (11) 8/6/12	Name of OSHA Monitor AMERITECH SERVICE						
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 type="checkbox"/> Other - Describe		Street Address 78 E. ATLANTIC WAY						
		City, State, Zip Code LAVALLETTE, NJ 08735						
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure						
<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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
ROOMS 403-4W		X		64 SQ. FT.	X			
ROOMS 412,413,414		X		736 SQ. FT.	X			
Name of Registered Waste Hauler LUCAS DISPOSAL		NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 3	Name of Registered Landfill GROWS				
City, State HIGHTSTOWN, NJ		Disposal Date 8/6/2012	City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>			Date 7/30/12			

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* Do not use this form for asbestos licensure exempted activities