

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

**RECEIVED**

Date of Notification (1) 06/27/12 Ck#2141 \$200		Name of Building Owner/Operator (2) Brick Township Board of Education							
Agencies Notified	Type Notification	Street Address 101 Hendrickson Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick, New Jersey 08724							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jim Edwards	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Brick Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 346 Chambers Bridge Road		Square Feet 20,000	# of Floors 2						
City (5) Brick, New Jersey 08724		Bldg. Age 55+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Manasquan, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	Telephone No. 973-225-8400						
Start Date (10) 07/09/12		Scheduled Completion Date (11) 08/09/12	License No. 01104						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied (2nd shift if necessary)		Name of OSHA Monitor J&S Environmental Laboratories, LLC							
		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 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Ground Floor Science Rooms		X		Lab Table Tops NON FRIABLE	140 SF	X			
Ground Floor Science Rooms		X		FITileCoveBaseMasticNON FRIA	5,900 SF	X			
Ground Floor Science Rooms		X		Pipe Insulation NON FRIABLE	125 LF	X			
Ground Floor Science Rooms		X		TrnstTrnsm&FumeHoodPanNON	60 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 18	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 08/10/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 06/27/12					

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

**RECEIVED**  
Check # 6838

2012 AUG -7 AM 11:38

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 8/2/12		Name of Building Owner/Operator (2) Sue Ellen McCarthy	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type of Notification [X] Initial Notification [ ] Amended Notification [ ] Cancellation	Street Address 67 Main St.	
		City, State, Zip Code Lincoln park, NJ 07035	
		Name of Contact Sue Ellen McCarthy	Telephone Number [REDACTED]


**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (K-12) [X] Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 67 Main St.			Square Feet 1000	# of Floors 1	Bldg. Age ~ 60
City (5) Lincoln Park	County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Armory		
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address			Street Address 3 Lynn Court		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 8/11/12	Sched. Completion Date (11) 8/17/12		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: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

**Scope of Work (Check all that apply)**

- |                        |                |   |
|------------------------|----------------|---|
| [ ] Demolition         | [X] Renovation | [ ] Full Containment with Negative Pressure |
| [X] ≥3 sf or ≥3 lf     |                | [X] Mini – Enclosure                        |
| [ ] ≥160 sf or ≥260 lf |                | [X] Glovebag Procedure                      |
|                        |                | [ ] Non – Friable Procedure                 |

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C L O S U R E	E N C L O S U R E
Furnace room		X		Pipe insulation	20 LF	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 8/17/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/2/12



Fax:

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

Check # 1456

Emergency Notification

Date of Notification (1) 08 / 03 / 12		Name of Building Owner (2) Cindy P. Toro		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 8/3/12 PM 5					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING					
Street Address 27 Jackson Street		City, State, Zip Code Little Ferry, NJ 07643		Telephone Number					
Name of Contact Cindy P. Toro									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home				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 and commercial buildings, homes, etc.)					
Street Address 27 Jackson Street				Square Feet	# of Floors				
City (5) Little Ferry, NJ 07643				Bldg. Age					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777					
Start Date (10) 08 / 04 / 12		Scheduled Completion Date (11) 08 / 05 / 12		License No. 01127					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM				Name of OSHA Monitor Envirovision Consultants, Inc					
				Street Address 20-21 Wagaraw Road, Bldg #34A					
				City, State, Zip Code Fair Lawn, NJ 07410					
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 SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/03/2012			



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

RECEIVED

Date of Notification (1) <div style="text-align: center;">8/3/2012</div>		Name of Building Owner/Operator (2) Rich Ellwood	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address 222 Merrick Avenue	
		City, State, Zip Code Merrick, NY 11566	
		Name of Contact Rich Ellwood	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 251 Strickland Blvd.					
City Chadwick Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/16/12		Scheduled Completion Date (11) 8/17/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input 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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/20/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 8/3/2012

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



OK 003592

D&S Proj. #: MS 12-272

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

Jul 31 2012 04:01pm P001/001

Date of Notification (1) 10/7/13 11/12		Name of Building Owner/Operator (2) 2012 AUG -7 AM 11:06		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 7/12/12	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		STACK RESIDENCE Street Address 559 COLLINS AVENUE City, State, Zip Code HASBROUCK HEIGHTS, NJ Name of Contact STACK RESIDENCE Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STACK RESIDENCE Street Address 559 COLLINS AVENUE City (5) HASBROUCK HEIGHTS County (6) BERGEN County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/06/12 Sched. Completion Date (11) 08/17/12 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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Scope of Work (check all that apply) <input checked="" type="checkbox"/> >2 sf or >2 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12) Yes No N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Enclose
BASEMENT/CRAWL SPACE		PIPE INSULATION	143 FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		BOILER INSULATION	55 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASMENT		CHIMNEY PACKING	2 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/31/12

ASB 41

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



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Date of Notification (1) 10/7/13 11/12		Name of Building Owner/Operator (2) STACK RESIDENCE		2012 AUG -7 AM 11:48	
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 559 COLLINS AVENUE	
		City, State, Zip Code HASBROUCK HEIGHTS, NJ		ASBESTOS CONTROL & LICENSING	
		Name of Contact STACK RESIDENCE		Telephone Number _____	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) STACK RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 559 COLLINS AVENUE			Square Feet # of Floors Bldg. Age		
City (5) HASBROUCK HEIGHTS	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code _____		Telephone Number 973-345-8020		License Number 00159	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 08/06/12		Sched. Completion Date (11) 08/17/12		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503			

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT/CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	143 FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	55 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASMENT		<input checked="" type="checkbox"/>		CHIMNEY PACKING	2 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 3 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/07/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 07/31/12	



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

D&S Proj. #: MS 12-271

RECEIVED

Date of Notification (1) 07/13/12		Name of Building Owner/Operator (2) CARLOS MEDA		2012 AUG -7 AM 11:40	
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 618 RIDGEWOOD ROAD City, State, Zip Code MAPLEWOOD, NJ 07040	
Name of Contact CARLOS MEDA				Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CARLOS MEDA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 618 RIDGEWOOD ROAD			Square Feet # of Floors Bldg. Age		
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 08/11/12		Sched. Completion Date (11) 08/18/12	License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		HEATING PIPES (WRAP & CUT)	147 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/12/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 07/31/12



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

Check # 8278

RECEIVED

Date of Notification (1) <b>8-3-12</b>		Name of Building Owner/Operator (2) <b>Peter Iossa</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>34 Somerset Place</b>							
		City, State, Zip Code <b>Berkley Heights NJ 08533</b>							
		Name of Contact <b>Peter Iossa</b>	Telephone Number <b>609 758-3365</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		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 <b>34 Somerset Place</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Berkley Heights NJ</b>		Bldg. Age <b>60+</b>							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Tech</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>8-16-12</b>	Scheduled Completion Date (11) <b>8-16-12</b>	Name of OSHA Monitor <b>EPC Technologies</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
<b>Garage</b>	<b>X</b>			<b>Air duct Cardboard</b>	<b>50 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Tech.</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management</b>					
City, State <b>NE NJ</b>		Disposal Date <b>8-17-12</b>		City, State <b>Monroeville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>8-3-12</b>			



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

Check #  
RECEIVED 8277

Date of Notification (1) <b>8-3-12</b>		Name of Building Owner/Operator (2) <b>Justin Spivey</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>790 Old York Road</b> City, State, Zip Code <b>East Windsor, NJ 08520</b> Name of Contact <b>Justin Spivey</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		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 <b>790 Old York Road</b>		Square Feet	
City (5) <b>East Windsor, NJ</b>		# of Floors <b>2</b>	
County (6) <b>Merced</b>		Bldg. Age <b>80+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Tech</b>		ASCM No. <b>N/A</b>	
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies</b>	
City, State, Zip Code <b>New Egypt NJ 08533</b>		Street Address <b>P.O. Box 337</b>	
Project Manager for Monitoring Firm <b>Steve Schenken</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Telephone No. <b>609 758-3365</b>		License No. <b>00394</b>	
Start Date (10) <b>8-15-12</b>		Scheduled Completion Date (11) <b>8-15-12</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>EPC Technologies</b>	
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt NJ 08533</b>			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<b>Basement/crawlspace</b>	<b>x</b>	<b>Pipe Insulation</b>	<b>54 LF</b>
Name of Registered Waste Hauler <b>EPC Tech.</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management</b>
City, State <b>NE NJ</b>	Disposal Date <b>8-16-12</b>	City, State <b>Monroeville PA</b>	
Completed by <b>Steve Schenken</b>	Title <b>President</b>	Signature <b>Steve Schenken</b>	Date <b>8-3-12</b>



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

Check # 9276  
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Date of Notification (1) <b>8-3-12</b>		Name of Building Owner/Operator (2) <b>Space Savers</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>265 Route 12</b> City, State, Zip Code <b>Raritan Twp. NJ 08822</b>							
		Name of Contact <b>Greg Pagano</b>	Telephone Number <b>609 758-3365</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family farm Dwelling</b>		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 & commercial buildings, homes, etc.)							
Street Address <b>265 Route 12</b>		Square Feet	# of Floors <b>2</b>						
City (5) <b>Raritan NJ 08822</b>		Bldg. Age <b>50+</b>							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>farm House + Barn</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Tech</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>8-13-12</b>	Scheduled Completion Date (11) <b>8-14-12</b>		Name of OSHA Monitor <b>EPC Technologies</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
House			x	Siding Shingles	2000 SF	x			
Barn "A" wall			x	Siding Shingles	600 SF	x			
Name of Registered Waste Hauler <b>EPC Tech.</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Waste Management</b>					
City, State <b>NE NJ</b>		Disposal Date <b>8-15-12</b>		City, State <b>Monroeville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>8-3-12</b>				



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

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2012 AUG -7 AM 11:34

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) July 31, 2012		Name of Building Owner/Operator (2) Rhodia Inc.							
Agencies Notified	Type Notification	Street Address 8 Cedar Brook Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranbury, New Jersey 08512							
		Name of Contact Mr. Michael Shatynki	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rhodia Site Bldg. #77		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 298 Jersey Ave.		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) AMEC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.						
Street Address 200 American Metro Blvd.		Street Address 164 GETTY AVE.							
City, State, Zip Code Hamilton, NJ 08619		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Mr. Christopher Schmidt		Telephone No. 609-631-2914	Telephone No. 973-478-4848						
License No. 00724									
Start Date (10) August 1, 2012	Scheduled Completion Date (11) August 31, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.							
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior & Exterior addition to LF			x	Pipe Insulation	100LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date July 31, 2012					



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

**RECEIVED**

Date of Notification (1) July 17, 2012		Name of Building Owner/Operator (2) Rhodia Inc.		2012 AUG -7 AM 11:34					
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 8 Cedar Brook Drive City, State, Zip Code Cranbury, New Jersey 08512 Name of Contact Mr. Michael Shatynski Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rhodia Site Bldg. #77			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 298 Jersey Ave.			Square Feet 13000						
City (5) New Brunswick,			# of Floors 1		Bldg. Age 60+				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant Bldg.					
Name of Monitoring Firm Hired by Building Owner (8) AMEC ENVIRONMENTAL		ASCM No. _____		Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.					
Street Address 200 American Metro Blvd.		Street Address 164 GETTY AVE.							
City, State, Zip Code Hamilton, New Jersey 08619		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Mr. Christopher Schmidt		Telephone No. 609-631-2914		License No. 00724					
Start Date (10) August 1, 2012		Scheduled Completion Date (11) August 31, 2012		Name of OSHA Monitor SLAVCO CONSTRUCTION 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: 7:00am-3:30pm Monday - Saturday			Street Address 164 GETTY AVE.						
			City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Front			x	Vat	150SF	x			
Roof			x	Roof Flashing	300SF	x			
Interior & Exterior			x	Pipe Insulation	80LF	x			
Electrical Panel			x	Transite	200SF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL				
City, State CLIFTON, NEW JERSEY 07011-1802				Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by Vivian D. Jurcevic		Title Gen. Mgr.		Signature <i>Vivian D. Jurcevic</i>		Date July 17, 2012			



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

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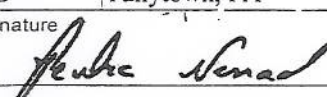
2013

Date of Notification (1) <b>8-3-12</b>		Name of Building Owner/Operator (2) <b>Hong Woo Realty LLC</b>		NJ Dept. of Health & Senior Services <b>LIC 10-10-10-10</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>460 Bergen Boulevard &amp; Palisades Park, NJ 07650</b> City, State, Zip Code <b>Palisades Park, NJ 07650</b> Name of Contact <b>Albert Hong</b> Telephone Number <b>[REDACTED]</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>HONG</b> Street Address <b>470 Bergen Boulevard</b> City (5) <b>Palisades Park</b> County (6) <b>Bergen</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 9 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <b>1450</b> # of Floors <b>1</b> Bldg. Age <b>54</b> Current Use (Prior if being demolished) <b>RES</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>[REDACTED]</b>		ASCM No. <b>[REDACTED]</b>		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>	
Street Address <b>[REDACTED]</b>		Street Address <b>105 Lowell Road</b>		City, State, Zip Code <b>Glen Rock, NJ 07452</b>	
City, State, Zip Code <b>[REDACTED]</b>		Telephone No. <b>201-262-5841</b>		License No. <b>00156</b>	
Start Date (10) <b>8-3-12</b>		Scheduled Completion Date (11) <b>8-4-12</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <b>[REDACTED]</b>			Street Address <b>280 Huyer Street</b> City, State, Zip Code <b>Hackensack, NJ 07606</b>		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>basement</b> <b>basement</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b> <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>pipe insulation</b> <b>mastic</b>	
Amount (Specify SF or LF) <b>3"</b> <b>150 SF</b>		Abatement Type Removal Repair Encapsulation Enclosure <b>X</b> <b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20786</b>		Cubic Yards of Waste <b>1</b>	
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Disposal Date <b>8-3-07</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>Ronald A. McDonald</b> Date <b>8-3-12</b>	



MO# 20142476098

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

Date of Notification (1) 08 / 03 / 12		Name of Building Owner/Operator (2) Victor Davson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 17 Elm Ct.		City, State, Zip Code South Orange, NJ 07079							
Name of Contact Henry Quaritius		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		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 and commercial buildings, homes, etc.)							
Street Address 17 Elm Ct.		Square Feet							
City (5) South Orange, NJ 07079		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 08 / 12 / 12	Scheduled Completion Date (11) 08 / 13 / 12	Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 			Date 08/03/2012			



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

RECEIVED

2012 AUG -7 AM 11:28

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>8/2/12</b>		Name of Building Owner/Operator (2) <b>Seth Paraison</b>	
Agencies Notified	Type Notification	Street Address <b>170 Kerrigan Blvd</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Newark, NJ 07106</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Calvin Jackson</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number <b>[REDACTED]</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</b>			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 <b>170 Kerrigan Blvd</b>			Square Feet <b>2000</b>		
City (5) <b>Newark</b>			County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>1</b>
			Bldg. Age <b>65</b>		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>8/13/12</b>		Sched. Completion Date (11) <b>8/14/12</b>			
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>10 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.50</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8/15/12</b>	City, State <b>Morrisville, PA 19067</b>

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/2/12</b>
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CHECK #

2364

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

RECEIVED

Date of Notification (1) <u>8/3/12</u>		Name of Building Owner/Operator (2) <u>MEN &amp; MACHINES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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>225 FREEMONT AVE.</u>		City, State, Zip Code <u>WOODBINE, N.J. 08052</u>	
Name of Contact <u>LISA FISHER</u>		Telephone Number <u>[REDACTED]</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</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>4725 4TH AVE.</u>		Square Feet <u>1000</u>	
City (5) <u>AVALON</u>		# of Floors <u>2</u>	
County (6) <u>CAMDEN</u>		Bldg Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>8/20/12</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>8/27/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</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>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl or ≥ 260 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
SIDING		TRANSITE	
		2500 #	
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	
Disposal Date		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	
Date <u>8/3/12</u>			



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

**RECEIVED**

Date of Notification (1) August 2, 2012		Name of Building Owner/Operator (2) Tom Dooner		Check # 4911	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2600 Wesley Ave	
				City, State, Zip Code Ocean City, NJ 08226	
				Name of Contact Tom Dooner	
				Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)	
Street Address 2600 Wesley Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Ocean City				Square Feet 2800	# of Floors 2
				Bldg. Age 70	
County (6) Cape May		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341				Street Address 47 S. Lippincott Ave	
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) Aug 25, 2012		Scheduled Completion Date (11) August 31, 2012		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 checked="" type="checkbox"/> Wrap n Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			xxx	Pipe Insulation	300 LF
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Disposal Date 8-31-2012		City, State Tullytown, PA.	
Completed by William Lynch		Title Owner		Signature <i>William J. Lynch</i>	Date Aug. 2, 2012



APPROVED  
NJ Dept. of Health & Senior Services  
*Paul C. Roman*  
(signature)  
Date: 8/2/12 Time: 9:34 AM

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

2012 AUG -7 AM 11:05  
RECEIVED  
Check # 7951

Date of Notification (1) 8/2/12		Name of Building Owner/Operator (2) MR. PESSOLANO		ASBESTOS CONTROL & LICENSING				
Agencies Notified		Street Address 644 SHADOWLAWN DRIVE		City, State, Zip Code WESTFIELD NJ 07090				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number [REDACTED]				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PESSOLANO			Type of Facility (4)					
Street Address 644 SHADOWLAWN DRIVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) WESTFIELD			Square Feet 1654	# of Floors 2	Bldg. Age 56			
County (6) UNION			Current Use (Prior if being demolished) RES					
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, N.J. 07452						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841		License No. 00156			
Start Date (10) 8/2/12		Scheduled Completion Date (11) 8/3/12		Name of OSHA Monitor Omega Environmental Services Inc.				
Occupancy Status During Abatement (Check Only One)			Street Address 280 Huyler Street					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Glass floor			PIPE	45 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste .5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, New Jersey 07457		Disposal Date 8/2/12		City, State Bethlehem, PA 18015				
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>		Date 8/2/12			

\* 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)**

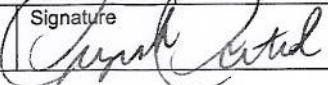
RECEIVED # 3890

Date of Notification (1) <b>8/3/12</b>		Name of Building Owner/Operator (2) <b>MS. JUDY RESNICK</b>							
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 <b>424 MOUNTAIN VIEW RD</b> City, State, Zip Code <b>ENGLEWOOD, NJ 07631</b> Name of Contact <b>MS. RESNICK</b> Telephone Number <b>[REDACTED]</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. RESNICK</b>		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 <b>424 MOUNTAIN VIEW RD</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>						
City (5) <b>ENGLEWOOD</b>		Bldg. Age <b>80 YRS</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>8/16/12</b>	Scheduled Completion Date (11) <b>8/17/12</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
<b>BASEMENT</b>				<b>THERMAL INSULATION</b>	<b>85 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>BEST REMOVAL INC</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2</b>	Name of Registered Landfill <b>MINERVA ENTERPRISES</b>					
City, State <b>HACKENSACK, NJ</b>		Disposal Date <b>8/17/12</b>		City, State <b>WAYNESBURG, OH</b>					
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>		Signature <b>[Signature]</b>			Date <b>8/3/12</b>			



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

RECEIVED

Date of Notification (1) August 2, 2012		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address E.A. Macmillian Building							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton NJ. 08544							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Robert Ortega	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 22 Chambers St.		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 22 Chambers St.									
City (5) Princeton	Square Feet 40,000	# of Floors 4	Bldg. Age 50						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Luzon Inc.						
Street Address 550 Grove Street		Street Address 8451 Executive Avenue							
City, State, Zip Code Haddonfield NJ. 08035		City, State, Zip Code Philadelphia Pa. 19153							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	License No. 01109						
Start Date (10) August 20, 2012	Scheduled Completion Date (11) August 29, 2012	Name of OSHA Monitor Joseph Maronski							
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 <input checked="" type="checkbox"/> Other - Describe: <u>7 p.m. - 4 a.m.</u>		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia Pa. 19153							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Rear Stairwell		x		Mastic & Glue	150 SF	x			
Front Stairwell		x		Mastic & Glue	150 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 209990	Cubic Yards of Waste 5	Name of Registered Landfill Growes Landfill					
City, State Tullytown Pa.			Disposal Date August 30, 2012	City, State Tullytown Pa.					
Completed by Piyush Patel		Title Program Manager		Signature 			Date August 2, 2012		



MO# 20142475200

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

RECEIVED

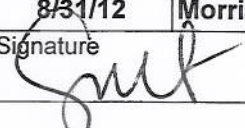
Date of Notification (1) 08 / 01 / 12		Name of Building Owner/Operator (2) Sara Jansma							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 83 Dawson Avenue City, State, Zip Code Boonton, NJ 07005 Name of Contact Sara Jansma							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private home		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 and commercial buildings, homes, etc.)							
Street Address 83 Dawson Avenue		Square Feet	# of Floors						
City (5) Boonton, NJ 07005		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 08 / 10 / 12	Scheduled Completion Date (11) 08 / 11 / 12	Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/1/2012			



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

**1207-4531 FRI**  
**Check #4398**

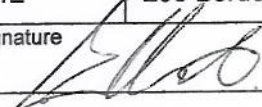
**RECEIVED**

Date of Notification (1) <b>8/2/12</b>		Name of Building Owner / Operator (2) <b>PSE&amp;G</b>		<b>2012 AUG -7 AM 10:27</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>80 Park Plaza</b> City, State & Zip Code <b>Newark, NJ 07101</b> Name of Contact <b>Steve Maginnis</b>							
		Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Cuthbert Substation</b>			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 <b>721 Cuthbert Blvd.</b>			Square Feet	# of Floors	Bldg. Age				
City (5) <b>Cherry Hill</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Substation</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>280 Huyler Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>South Hackensack, NJ</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Larry Zaccherio</b>		Telephone Number <b>201-489-8700</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>					
Scheduled Start Date (10) <b>8/15/12</b>	Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>						
			City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Conference Room 2, 2 <sup>nd</sup> Fl. Open Area, 2nd Fl. Office, 1 <sup>st</sup> Fl. Stairwell, 1 <sup>st</sup> Fl. Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock with Joint Compound	7,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical/Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical/Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Camden, NJ</b>		Disposal Date <b>8/31/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Office Coord.	Signature 			Date <b>8/2/12</b>			



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

**RECEIVED**

Date of Notification (1) 08/02/12		Name of Building Owner/Operator (2) Michael Curcio							
Agencies Notified	Type Notification	Street Address 1 harvest lane							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kinnelon, NJ, 07405  Name of Contact Michael Curcio							
		Telephone Number 4 _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 166 Midland Ave		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		Square Feet 1409	# of Floors 2						
City (5) Saddle brook		Bldg. Age 1930							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residential							
Name of Monitoring Firm Hired by Building Owner (8) EHI		Name of Abatement Contractor (9) Indian Arrow Industries INC							
Street Address 655 west Shore Trail		Street Address 730 Broadway							
City, State, Zip Code Sparta, NJ, 07871		City, State, Zip Code Paterson NJ 07514							
Project Manager for Monitoring Firm William S. Kerbel		Telephone No. 973-729-5649	License No. 1183						
Start Date (10) 08/18/12	Scheduled Completion Date (11) 09/18/12	Name of OSHA Monitor Scott Bluth							
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 101 Gibbsboro Rd.							
		City, State, Zip Code lindenwold, NJ, 08021							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		x		cement board column	545sf	x			
2nd floor bedroom		x		floor tile mastic	176sf	x			
1st floor hall and kitchen		x		floor tile mastic	248sf	x			
garage floor		x		pipe insulation	15lf	x			
Name of Registered Waste Hauler JR Contracting & Environmental Consulting		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 10-20	Name of Registered Landfill Waste Management				
City, State 1141 RT 23 Wayne NJ 07470				Disposal Date 09/18/12	City, State 200 Bordentown Rd, Tullytown, PA				
Completed by Goran Igev		Title VP		Signature 		Date 08/02/12			



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

1109-4387

Check #

4401

RECEIVED

Date of Notification (1) <b>7/31/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>Trustees of Princeton University, E.A. MacMillan Bldg.</b>		City, State & Zip Code <b>Princeton, NJ 08544</b>	
Name of Contact <b>Robert Ortego, P.E.</b>		Telephone Number <b>[REDACTED]</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>One Washington Road</b>		Square Feet	# of Floors
City (5) <b>Princeton</b>	County (6) <b>Mercer</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>University Library</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>		Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>Burlington, NJ 08016</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Mike Keehn</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>10/17/11</b>	Scheduled Completion Date (11) <b>8/31/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	

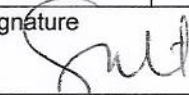
Scope of Work (Check all that apply)
 

☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf ≥260 lf

☒ Renovation  
☐ Demolition

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

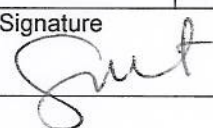
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #1 Level A				Floor tile & Mastic (NF Removal)	400 SF				
Work Area #1 & #2 Level A			<input checked="" type="checkbox"/>	Floor tile & Mastic	39,600 SF	<input checked="" type="checkbox"/>			
Work Area #1 & #2 Level A			<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	4,500 LF	<input checked="" type="checkbox"/>			
Work Area #1 & #2 Level A			<input checked="" type="checkbox"/>	Joint Compound & drywall	8,500 SF	<input checked="" type="checkbox"/>			
Work Area #3 Level A			<input checked="" type="checkbox"/>	Pipe/Fitting Insulation	100 LF	<input checked="" type="checkbox"/>			
Work Area #4 Level B			<input checked="" type="checkbox"/>	Floor tile & Mastic	1,780 SF	<input checked="" type="checkbox"/>			
Work Area #1 Level 1A			<input checked="" type="checkbox"/>	Floor tile & Mastic	1,063 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>14</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/31/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Opps. Coord.	Signature 		Date <b>7/31/12</b>



## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) <b>7/31/12</b>		Name of Building Owner / Operator <b>Princeton University</b>		2012 AUG -7 AM 10:32	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>Trustees of Princeton University, E.A. MacMillan Bldg.</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b>	
				Telephone Number <div style="border: 1px solid black; height: 15px; width: 100px;"></div>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>One Washington Road</b>			Square Feet		# of Floors
City (5) <b>Princeton</b>			County (6) <b>Mercer</b>		County Code (7)
			Current Use (Prior if being demolished) <b>University Library</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>			ASCM No.		
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
City, State & Zip Code <b>Burlington, NJ 08016</b>			Street Address <b>PO Box 25</b>		
Project Manager for Monitoring Firm <b>Mike Keehn</b>			Telephone Number <b>609-386-8800</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>10/17/11</b>		Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
Level A Elevator Lobby		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor tile & Mastic (Full Containment) 450 SF	
Mechanical Shaft		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation (Full Containment) 150 LF	
Level 1 – main Stair (WA #7)		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Acoustical Ceiling Plaster 800 SF	
Level 1- Offices 1-14-D/1-12-D (WA#8)		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Radiator Liner 120 SF	
Level 1- Trustees Reading Room (WA#9, 10 & 11)		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Radiator Liner 40 SF	
Level 1- Trustees Reading Room (WA#9, 10 & 11)		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation 50 LF	
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>4</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/31/12</b>		Name of Registered Landfill <b>TRRF Landfill</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>		Signature 	
				Date <b>7/31/12</b>	

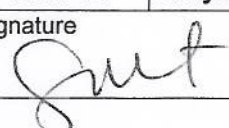


## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

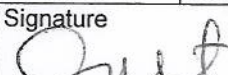
2012 AUG -7 AM 10:32

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1) <b>7/31/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University - Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>One Washington Road</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>Princeton</b>	County (6) <b>Mercer</b>	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No.	
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
City, State & Zip Code <b>Burlington, NJ 08016</b>		Street Address <b>PO Box 25</b>	
Project Manager for Monitoring Firm <b>Mike Keehn</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>10/17/11</b>	Scheduled Completion Date (11) <b>8/31/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Level 1- Trustees Reading Room (WA#9, 10 & 11)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	300 SF
Level B- West Core Book Stack Area	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile & Mastic	885 SF
Level 3- IAS Room 3-6-D (WA#13)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile & Mastic	100 SF
Level 3- IAS Room 3-6-D (WA#13)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	340 SF
Level 1- Main Lobby (platform area WA#14)	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	30 LF
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>4</b>
City, State <b>Lumberton, NJ</b>		Name of Registered Landfill <b>TRRF Landfill</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 
		Date <b>7/31/12</b>	



(Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

Date of Notification (1) <b>7/31/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>		2012 AUG -7 AM 10:34						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #12 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b> Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University - Firestone Library</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>One Washington Road</b>			Square Feet							
City (5) <b>Princeton</b>		County (6) <b>Mercer</b>	County Code (7)		# of Floors					
Current Use (Prior if being demolished) <b>University Library</b>			Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>			Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Burlington, NJ 08016</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Mike Keehn</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>					
Scheduled Start Date (10) <b>10/17/11</b>		Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glove Bag Procedures						
				<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance 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				
						Removal	Repair	Encapsulate	Enclosure	
Level 3- IAS Rooms 3-6-D/3-7-C (WA#13A)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	34 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3- IAS Rooms 3-6-D/3-7-C (WA#13A)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>				Disposal Date <b>8/31/12</b>	City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>				Title <b>Opps. Coord.</b>	Signature 				Date <b>7/31/12</b>	



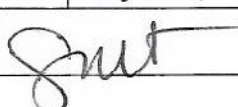
No  
checkState of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1205-4477

Check #

RECEIVED

2012 AUG -7 AM 10:31

Date of Notification (1) <b>8/1/12</b>		Name of Building Owner / Operator (2) <b>Rider University</b>									
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation									
Street Address <b>2083 Lawrenceville Road</b>		City, State & Zip Code <b>Lawrenceville, NJ 08648</b>									
Name of Contact <b>Phil Voorhees</b>		Telephone Number <b>[REDACTED]</b>									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>Rider University – Fine Arts Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) (Unoccupied) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address <b>2083 Lawrenceville Road</b>		Square Feet <b>[REDACTED]</b>									
City (5) <b>Lawrenceville</b>		# of Floors <b>[REDACTED]</b>									
County (6) <b>Mercer</b>		Bldg. Age <b>[REDACTED]</b>									
County Code (7) <b>[REDACTED]</b>		Current Use (Prior if being demolished) <b>Mechanical Room</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>[REDACTED]</b>									
Street Address <b>515 Grove Street Suite 1B</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>									
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>30 Maple Ave</b>									
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>									
Telephone Number <b>856-547-0505</b>		Telephone Number <b>609-265-2107</b>									
License Number <b>00529</b>		Scheduled Start Date (10) <b>5/16/12</b>									
Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>									
City, State & Zip Code <b>Westmont, NJ 08108</b>		Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
Mechanical Room		<input checked="" type="checkbox"/>		Vibration Collars		200 SF		<input checked="" type="checkbox"/>			
Mechanical Room		<input checked="" type="checkbox"/>		Pipe Insulation		7 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"/>			
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>8</b>		Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/31/12</b>		City, State <b>Tullytown, PA</b>							
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Off. Coord.</b>		Signature 		Date <b>8/1/12</b>					



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

**1206-4502**  
**Check #4373**

**RECEIVED**

Date of Notification (1) <b>7/30/12</b>		Name of Building Owner / Operator (2) <b>JC Penney Corporation</b>	
Agencies Notified	Type Notification	Street Address <b>6501 Legacy Drive</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Plano, TX 75024</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #4	Name of Contact <b>Richard Marnik</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

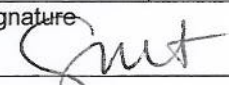
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>JC Penney</b>			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address <b>260 Wayne Town Center</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Wayne</b>			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Passaic</b>	County Code (7)		Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting, LLC</b>			Current Use (Prior if being demolished) <b>Department Store</b>		
Street Address <b>1600 Route 22 East</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
City, State & Zip Code <b>Union, NJ 07083-1597</b>			Street Address <b>PO Box 25</b>		
Project Manager for Monitoring Firm <b>Thomas Rubino</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Telephone Number <b>908-688-7800</b>			Telephone Number <b>609-265-2107</b>		
Scheduled Start Date (10) <b>6/13/12</b>			License Number <b>00529</b>		
Scheduled Completion Date (11) <b>8/31/12</b>			Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address <b>108 Haddon Ave.</b>		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>10PM - 8AM</b>			City, State & Zip Code <b>Westmont, NJ 08108</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

**Scope of Work (Check all that apply)**

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Level Near Elevators Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Level Levis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	830 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Ladies Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JCP Shops	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>16</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>8/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>7/30/12</b>



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

1206-4493  
Check #4374

RECEIVED

Date of Notification (1) <b>7/30/12</b>		Name of Building Owner / Operator <b>JC Penney Corporation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>6501 Legacy Drive</b> City, State & Zip Code <b>Plano, TX 75024</b> Name of Contact <b>Richard Marnik</b>	
		Telephone Number 	

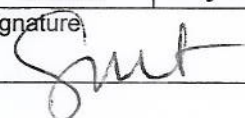
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>JC Penney- Store # 497</b>			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 <b>305 Mt. Hope Avenue</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Rockaway</b>	County (6) <b>Morris</b>	County Code (7)	Current Use (Prior if being demolished) <b>Department Store</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>1600 Route 22 East</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Union, NJ 07083-1597</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Thomas Rubino</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>6/13/12</b>	Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>10PM - 8AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2<sup>nd</sup> Level Arizona</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>105 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>JCP Shops</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>1,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IZOD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>1,000 SF</b>	<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 <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>8/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>7/30/12</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check # **4396**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1207-4530

**RECEIVED**

Date of Notification (1) <b>8/1/12</b>		Name of Building Owner / Operator (2) <b>Yale School</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2127 Church Rd.</b> City, State & Zip Code <b>Cherry Hill, NJ 08043</b> Name of Contact <b>Scott Klenk</b>	
		Telephone Number <b>[REDACTED]</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Yale School</b>			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 <b>2127 Church Rd.</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Cherry Hill</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>1253 North Church Street</b>			Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>Moorestown, NJ 08057</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone Number <b>856-840-8800</b>	Telephone Number <b>609-265-3207</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>8/16/12</b>	Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement :		Street Address <b>108 Haddon Ave.</b>	
		City, State & Zip Code <b>Westmont, NJ 18108</b>	

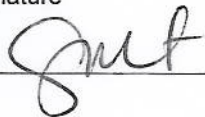
Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf ≥260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			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
Rooms 224, 223, 226, 221	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,856 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 200	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	336 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Storage Closets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Stage Foyers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/31/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>8/1/12</b>

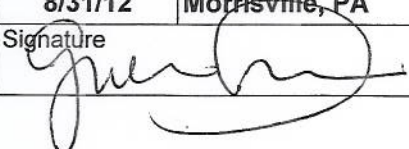


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1207-4531 NF

Check #4397

RECEIVED

Date of Notification (1) <b>8/2/12</b>		Name of Building Owner / Operator (2) <b>PSE&amp;G</b>		2012 AUG -7 AM 10:28					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>80 Park Plaza</b>						
			City, State & Zip Code <b>Newark, NJ 07101</b>						
			Name of Contact <b>Steve Maginnis</b>		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Cuthbert Substation</b>			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 <b>721 Cuthbert Blvd.</b>			Square Feet      # of Floors      Bldg. Age						
City (5) <b>Cherry Hill</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Substation</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No. <b>00120</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>280 Huyler Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>South Hackensack, NJ</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Larry Zaccherio</b>		Telephone Number <b>201-489-8700</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>				
Scheduled Start Date (10) <b>8/13/12</b>	Scheduled Completion Date (11) <b>8/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>						
			City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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
Conference Room #1 & #2, 2 <sup>nd</sup> Floor Open Area, 1st Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC Pitch Pocket	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Fl. Interior wall btw. Original & Addition, Exterior South Wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding Shingles	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. Garage 3, 1 <sup>st</sup> Fl. Closet, 1 <sup>st</sup> Fl. Under Stairwell Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Garage 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window caulk	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS North Landfill</b>				
City, State <b>Camden, NJ</b>		Disposal Date <b>8/31/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Office Coord.		Signature 			Date <b>8/2/12</b>		




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

RECEIVED

2012 AUG -7 AM 12:02

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified  (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled	Street Address <b>25 Commerce Drive</b> City, State, Zip Code <b>Cranford, NJ 07016</b> Name of Contact <b>Craig Marschke</b> Phone	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 10 (217-234)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	
Bldg. Age: <b>48 years</b>		Current Use (prior if being demolished) <b>Residential Apartments</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>JP Von Doehren</b>	Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>8/28/2012</b>	Scheduled Completion Date (11) <b>9/12/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>	
Source of Work (Check all that apply)  ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room, Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,330 LF
Boiler Room, Laundry Room, Storage Room	X	Pipe Elbows	72 Ea.
Boiler Room	X	Tank Insulation	10 SF
Boiler Room	X	Flue Packing	4 SF
Crawlspaces	X	Pipe Insulation Debris	350 SF
Abatement Type			
Rem. Rep. Encap Enclose			
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>	NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disp. Date <b>9/12/2012</b>	<b>9000 Minerva Road Waynesburgh OH 44688</b>	
Completed by (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>08/02/2012</b>

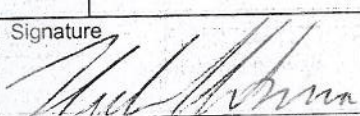


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)

**RECEIVED**

**2012 AUG -7 AM 12:02**

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified  (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled	Street Address <b>25 Commerce Drive</b>	
		City, State, Zip Code <b>Cranford, NJ 07016</b>	
		Name of Contact <b>Craig Marschke</b>	Phone <b>[REDACTED]</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 09 (235-252)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age: <b>48 years</b> Current Use (prior if being demolished) <b>Residential Apartments</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>JP Von Doehren</b>	Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>8/28/2012</b>	Scheduled Completion Date (11) <b>9/12/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply)  ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room, Old Laundry Room, Pool Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,375 LF
Boiler Room, Old Laundry Room, Pool Storage Room	X	Pipe Elbows	51 Ea.
Boiler Room	X	Tank Insulation	80 SF
Boiler Room	X	Flue Packing	4 SF
Crawlspaces	X	Pipe Insulation Debris	210 SF
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>9/12/2012</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature  Date <b>08/02/2012</b>



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

**RECEIVED**

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified  (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled	Street Address <b>25 Commerce Drive</b>	
		City, State, Zip Code <b>Cranford, NJ 07016</b>	
		Name of Contact <b>Craig Marschke</b>	Phone <b>[REDACTED]</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 11 (199-216)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age: <b>48 years</b> Current Use (prior if being demolished) <b>Residential Apartments</b>

Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>	
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>		
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>		
Project Manager for Monitoring Firm <b>JP Von Doehren</b>	Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>	
Scheduled Start Date (10) <b>8/23/2012</b>	Scheduled Completion Date (11) <b>9/05/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>		
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>		
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>		

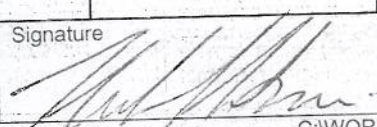
  

Source of Work (Check all that apply)

( ) Demolition    (X) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM)    ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)    ( ) Minor Proj. (<25 SF or <10 LF ACM)  
(X) Full Containment with Negative Pressure    (X) Mini-Enclosure    (X) Glovebag Procedure    ( ) Non-friable Procedure for Asbestos Roof Removal.

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type				
	NA	YES			NO	Rem.	Rep.	Encap	Enclose
Boiler Room, Maintenance Shop, Bathroom, Hallway & Laundry Room, Electrical Meter Room, Crawl Spaces		X		Air Cell and Elbows	1,350 LF	X			
Boiler Room, Maintenance Shop, Hallway & Storage Rooms		X		Pipe Elbows	72 Ea.	X			
Boiler Room		X		Tank Insulation	80 SF	X			
Boiler Room		X		Flue Packing	4 SF	X			
Crawlspaces		X		Pipe Insulation Debris	430 SF	X			

Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>	NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>9/05/2012</b>	<b>9000 Minerva Road Waynesburgh OH 44688</b>
Completed by (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>08/02/2012</b>

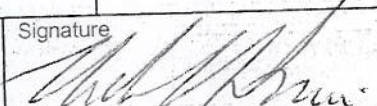


NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

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2012 AUG -7 AM 12:02

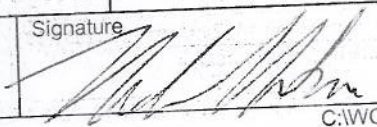
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified  (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled	Street Address <b>25 Commerce Drive</b> City, State, Zip Code <b>Cranford, NJ 07016</b> Name of Contact <b>Craig Marschke</b> Phone <b>[REDACTED]</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 8 (253-270)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age: <b>48 years</b> Current Use (prior if being demolished) <b>Residential Apartments</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>JP Von Doehren</b>	Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>8/23/2012</b>	Scheduled Completion Date (11) <b>9/05/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply) ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)  Abatement Type Rem. Rep. Encap Enclose
Boiler Room, Maintenance Shop, Hallway & Storage Rooms, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,325 LF X
Boiler Room, Maintenance Shop, Hallway & Storage Rooms	X	Pipe Elbows	53 Ea. X
Boiler Room	X	Tank Insulation	80 SF X
Boiler Room	X	Flue Packing	4 SF X
Crawlspaces	X	Pipe Insulation Debris	210 SF X
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>	NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disp. Date <b>9/05/2012</b>	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>08/02/2012</b>



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

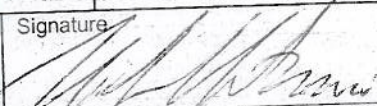
RECEIVED

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>		2012 AUG -7 AM 12:02	
Agencies Notified (X) EPA (X) DOL (X) DOH ( ) DCA		Notification Type (X) Initial Notification ( ) Amended Notification ( ) Cancelled		Street Address <b>25 Commerce Drive</b> City, State, Zip Code <b>Cranford, NJ 07016</b>	
		Name of Contact <b>Craig Marschke</b>		Phone [Redacted]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 13 (163-180)</b>			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address <b>245 Atlantic Avenue</b>			Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>		
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age: <b>48 years</b> Current Use (prior if being demolished) <b>Residential Apartments</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>			ASCM No. <b>00140</b>		Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>			Street Address <b>2 Henderson Drive, Ste A</b>		
City, State, Zip Code <b>Sparta, NJ 07871</b>			City State, Zip Code <b>West Caldwell, NJ 07006</b>		
Project Manager for Monitoring Firm <b>JP Von Doehren</b>		Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>		License Number <b>00411</b>
Scheduled Start Date (10) <b>8/20/2012</b>		Scheduled Completion Date (11) <b>8/30/2012</b>		Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>			Street Address <b>2 Henderson Drive, Ste. A</b>		
			City, State, Zip Code <b>West Caldwell, NJ 07006</b>		
Source of Work (Check all that apply) ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Boiler Room, Telecom, Bathroom, Hallway & Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,340 LF	X	
Boiler Room, Telecom, Bathroom & Hallway, Laundry Room, Storage Room	X	Pipe Elbows	66 Ea.	X	
Boiler Room	X	Tank Insulation	80 SF	X	
Boiler Room	X	Flue Packing	4 SF	X	
Crawlspaces	X	Pipe Insulation Debris	370 SF	X	
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>	Name of Reg. Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disp. Date <b>8/30/2012</b>		<b>9000 Minerva Road Waynesburgh OH 44688</b>	
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 		Date <b>08/02/2012</b>



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

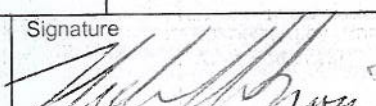
RECEIVED

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified (X) EPA (X) DOL (X) DOH ( ) DCA		Notification Type (X) Initial Notification ( ) Amended Notification ( ) Cancelled	
Street Address <b>25 Commerce Drive</b>		City, State, Zip Code <b>Cranford, NJ 07016</b>	
Name of Contact <b>Craig Marschke</b>		Phone <b>ASBESTOS CONTROL &amp; LICENSING</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 12 (181-198)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age: <b>48 years</b> Current Use (prior if being demolished) <b>Residential Apartments</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>JP Von Doehren</b>		Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>
Scheduled Start Date (10) <b>8/20/2012</b>		License Number <b>00411</b>	
Scheduled Completion Date (11) <b>8/30/2012</b>		Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>	
Source of Work (Check all that apply) ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room, Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,350 LF
Boiler Room, Laundry Room, Storage Room	X	Pipe Elbows	48 Ea.
Boiler Room	X	Tank Insulation	80 SF
Boiler Room	X	Flue Packing	4 SF
Crawlspaces	X	Pipe Insulation Debris	430 SF
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>8/30/2012</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 
			Date <b>08/02/2012</b>



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


RECEIVED

Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified  (X) EPA (X) DOL (X) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Notification ( ) Cancelled	Street Address <b>25 Commerce Drive</b> City, State, Zip Code <b>Cranford, NJ 07016</b> Name of Contact <b>Craig Marschke</b>	
<p align="center">FACILITY INFORMATION</p>			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 15 (127-144)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	
Bldg. Age: <b>48 years</b>		Current Use (prior if being demolished) <b>Residential Apartments</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>JP Von Doehren</b>	Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>8/13/2012</b>	Scheduled Completion Date (11) <b>8/24/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply)			
( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room, Telecom, Bathroom & Hallway, Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces		Air Cell and Elbows	1,355 LF
Boiler Room, Telecom, Bathroom & Hallway, Laundry Room, Storage Room		Pipe Elbows	45 Ea.
Boiler Room		Tank Insulation	80 SF
Boiler Room		Flue Packing	4 SF
Crawlspaces		Pipe Insulation Debris	270 SF
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>8/24/2012</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 
			Date <b>08/02/2012</b>



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

RECEIVED

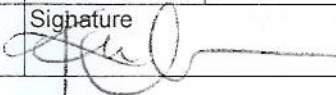
Date of Notification (1) <b>08/02/2012</b>		Name of Building Owner/Operator (2) <b>Home Properties, LP</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled	
Street Address <b>25 Commerce Drive</b>		City, State, Zip Code <b>Cranford, NJ 07016</b>	
Name of Contact <b>Craig Marschke</b>		Phone <b>[REDACTED]</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Pleasure Bay Apartments - Building # 14 (145-162)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>245 Atlantic Avenue</b>		Sq. Feet : <b>16,960 SF</b> No. of Floors: <b>2</b>	
City (5) <b>Long Branch</b>	County (6) <b>Monmouth</b>	County Code (7) (State Use Only)	Bldg. Age: <b>48 years</b> Current Use (prior if being demolished) <b>Residential Apartments</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00140</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>JP Von Doehren</b>	Telephone Number <b>(973) 729-5649</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>8/13/2012</b>	Scheduled Completion Date (11) <b>8/24/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: <b>Work will be performed while building is occupied. Construction barriers will be placed to isolate the work areas from the Occupied portion of the building.</b>		Street Address <b>2 Henderson Drive, Ste. A</b>	
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room, Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces	X	Air Cell and Elbows	1,370 LF
Boiler Room, Laundry Room, Storage Room	X	Pipe Elbows	32 Ea.
Boiler Room	X	Tank Insulation	80 SF
Boiler Room	X	Flue Packing	4 SF
Crawlspaces	X	Pipe Insulation Debris	270 SF
Name of Reg. Waste Hauler <b>Service Transport Group, Inc.</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>50</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>8/24/2012</b>	Name of Reg. Landfill <b>Minerva Landfill</b>
Completed by (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature  Date <b>08/02/2012</b>



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

Job #: 1208-1663  
Check #: 2788

RECEIVED

Date of Notification (1) <b>8/2/12</b>		Name of Building Owner / Operator (2) <b>Active Remediation Services</b>		2012 AUG -7 AM 11:58					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>203 Main Street , #332</b> City, State & Zip Code <b>Flemington, NJ 08822</b> Name of Contact <b>Jim McPherson or Karen Slimmer</b>					
				ASBESTOS CONTROL & LICENSING					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			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 <b>90 Hasley Reed Road</b>			Square Feet      # of Floors      Bldg. Age <b>2000                      2                      100 +</b>						
City (5) <b>Cranbury</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Property</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>16 West Elizabeth Avenue</b>		Street Address <b>3859 Sylon Blvd.</b>							
City, State & Zip Code <b>Linden, NJ 07036</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone Number <b>908-862-4301</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>					
Scheduled Start Date (10) <b>8/15/12</b>	Scheduled Completion Date (11) <b>8/15/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Wrap & Cut Methods <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tank Insulation Complete Component Removal</b>	<b>30 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>8/15/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 			Date <b>8/2/12</b>			



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

Job #: 1207-1657  
Check #: 2787

RECEIVED

Date of Notification (1) <b>7/17/12</b>		Name of Building Owner / Operator (2) <b>Springpoint @ the Atrium, Inc.</b>	
Agencies Notified	Type Notification	Street Address <b>13 Roszel Road, Suite C-120</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Princeton, NJ 08540</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	Name of Contact <b>Mr. Vince Celenza, C&amp;C Construction Mgmt.</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

2012 AUG -7 AM 11:50  
ASBESTOS CONTROL  
& LICENSING

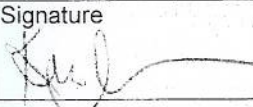
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>The Atrium</b>			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 <b>40 Riverside Avenue</b>			Square Feet <b>140,000</b>	# of Floors <b>14</b>	Bldg. Age <b>1960</b>
City (5) <b>Red Bank</b>	County (6) <b>Monmouth</b>	County Code (7)	Current Use (Prior if being demolished) <b>Apartment Building</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>3859 Sylon Blvd.</b>			
City, State & Zip Code <b>Bensalem, PA</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Mike Panapresso</b>		Telephone Number <b>215-244-1300</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>7/31/12</b>	Scheduled Completion Date (11) <b>8/1/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <b>2<sup>nd</sup> Shift</b> <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>C&amp;C Project Office</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Elbows/Fittings</b>	<b>16 each</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

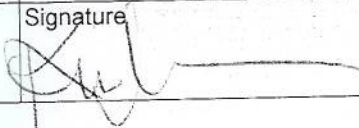
Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>8/1/12</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>7/31/12</b>



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

Job #: 1207-1662  
Check #: 2786

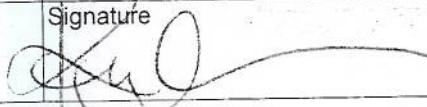
RECEIVED

Date of Notification (1) <b>7/31/12</b>		Name of Building Owner / Operator (2) <b>General Growth Properties</b>		2012 AUG -7 AM 11:57					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>110 North Wacker Drive</b> City, State & Zip Code <b>Chicago, IL 60606</b> Name of Contact <b>Mr. Jim Bereheiko</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Boscov's (Former Fortunoff Annex)</b>			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 <b>441 Woodbridge Center Drive</b>			Square Feet <b>150,000</b>	# of Floors <b>2</b>	Bldg. Age <b>34</b>				
City (5) <b>Woodbridge</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>3370 Progress Drive, Suite J</b>		Street Address <b>3859 Sylon Blvd.</b>							
City, State & Zip Code <b>Bensalem, PA 19020</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Mike Panapresso</b>		Telephone Number <b>215-244-1300 x26</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>					
Scheduled Start Date (10) <b>8/2/12</b>		Scheduled Completion Date (11) <b>8/3/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Negative Pressure Enclosures <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor-Columns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos mastic	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor-Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Trenton, NJ</b>		Disposal Date <b>8/3/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>		Signature 			Date <b>7/31/12</b>		



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

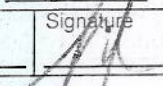
Job #: 1207-1656-3  
Check #: 2789

Date of Notification (1) <b>8/2/12</b>		Name of Building Owner / Operator (2) <b>Colonial Pipeline Company, Inc.</b>		2012 AUG -7 AM 11:5					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>1185 Sanctuary Parkway, Suite 1000</b>						
			City, State & Zip Code <b>Alpharetta, GA 3004-4738</b>						
			Name of Contact <b>Mr. William K. Gilroy</b>						
			Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Colonial Pipeline Company-Eagle Point</b>			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 <b>US Highway 30 &amp; US Highway 2</b>			Square Feet <b>410</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>				
City (5) <b>Westville</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial Property</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Blvd.</b>							
City, State & Zip Code <b>Thorofare, NJ 08086</b>		City, State & Zip Code <b>Hainesport, NJ 08036</b>							
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>					
Scheduled Start Date (10) <b>8/16/12</b>	Scheduled Completion Date (11) <b>8/17/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>						
			City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Negative Pressure Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	340 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>8/17/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 			Date <b>8/2/12</b>			



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

STEVENS ENVIRONMENTAL  
SERVICES INC.  
check # 24886  
RECEIVED

Date of Notification (1) <u>7/30/12</u>		Name of Building Owner/Operator (2) <u>Mr. Terry McDermott</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>60 Pavilion Avenue</u> City, State, Zip Code <u>Long Branch, NJ 07740</u>							
		Name of Contact <u>Terry McDermott</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</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>60 Pavilion Ave.</u>		Square Feet	# of Floors						
City (5) <u>Long Branch</u>		Bldg. Age							
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>8/20/12</u>	Scheduled Completion Date (11) <u>8/21/12</u>	Name of OSHA Monitor <u>MECS</u>							
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>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</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 and crawlspace</u>			<input checked="" type="checkbox"/>	<u>pipe insulation</u>	<u>190 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/21/12</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>7/30/12</u>			



2012 AUG -7

APPROVED  
NJ Dept. of Health & Senior Services  
(Signature)  
Date: 7/31/12 11:05

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07/13/12		Name of Building Owner/Operator (2) <b>MARY DELA HUNT</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>343 WALNUT STREET</b>		City, State, Zip Code <b>NUTLEY, NJ 07110</b>	
Name of Contact <b>MARY DELA HUNT</b>		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>MARY DELA HUNT</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>343 WALNUT STREET</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>NUTLEY</b>	County (6) <b>ESSEX</b>	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>D &amp; S RESTORATION, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>		
Street Address			Street Address <b>20 California Ave</b>		
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>973-345-8020</b>		License Number <b>00159</b>
Start Date (10) <b>08/01/12</b>		Sched. Completion Date (11) <b>08/10/12</b>	Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>			Street Address <b>20 California Avenue</b>		
			City, State, Zip Code <b>Paterson, NJ 07503</b>		

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure  
☐ >160 sf or >260 lf ☐ Demolition ☒ Mini-enclosure  
☐ Non-Exempted (\*) and Non-frable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/operational staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>PIPE INSULATION</b>	<b>104 L FT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BASEMENT BOILER</b>		<input checked="" type="checkbox"/>		<b>BOILER INSULATION</b>	<b>40 SQ FT</b>	<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"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>2 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>08/02/12</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>07/31/12</b>

ASD-41 \* Do not use this form for asbestos licensure exempted activities.



RECEIVED

Date of Notification (1) 07/13/12		Name of Building Owner/Operator (2) MARY DELA HUNT	
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 343 WALNUT STREET		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact MARY DELA HUNT		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARY DELA HUNT			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 343 WALNUT STREET			Square Feet # of Floors Bldg. Age		
City (5) NUTLEY	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 08/01/12	Sched. Completion Date (11) 08/10/12		Name of OSHA Monitor D & S Restoration, 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: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	104 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/02/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 07/31/12



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

2012 AUG -7 AM 11:58

ASBESTOS CONTROL  
LICENSING

Date of Notification (1): 08/03/12		Name of Building Owner/Operator (2) School Wayne							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 45 Reinhardt Road							
		City, State, Zip Code: Wayne, NJ 07470							
		Name of Contact: Chris							
		Telephone Number:							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3): School Wayne		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: 45 Reinhardt Road		Square Feet:                      # of Floors:							
City/ (5): Wayne	County (6):	County Code (7): 07470	Bldg. Age Current Use : School						
Name of Monitoring Firm Hired by Building Owner: Safeair Environmental Services, Inc.		ASCM No.:	Name of Abatement Contractor (9): <b>Envirocare Enterprises, Inc</b>						
Street Address: 9 Seymour Avenue		Street Address: <b>358 Broadway</b>							
City, State, Zip Code: Newark, NJ 07108		City, State, Zip Code: <b>Newark, NJ 07104</b>							
Project Manager for Monitoring Firm: William Mawyin		Telephone No.: 973-223-2391	Telephone No.: <b>(973) 732-6225</b>						
License No.: <b>01017</b>		Name of OSHA Monitor: AmeriSci							
Start Date (10): 08/03/12	Scheduled Completion Date (11): 08/10/12		Street Address: <b>117 East 30<sup>th</sup> Street</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:  <input type="checkbox"/> Other Describe:		City, State, Zip Code: <b>New York, New York, 10016</b>							
Scope of Work (Check all that apply): <input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 <sup>st</sup> floor		X		Window Panel	200 SQ	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 10	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Environmental Services Inc.		Disposal Date:		City, State: Tullytown, PA					
Completed By: Sam Illunoh		Title: Project Manager		Signature: <i>Samuel Illunoh</i>		Date: 08/03/12			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 08/03/12		Name of Building Owner/Operator (2) Newark Public School		2012 AUG -7 AM 11:38					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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: 2 Cedar Street		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code: Newark, NJ 07102		Telephone Number: 973-332-4012					
		Name of Contact: Benjamin T. Olagade							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3): Maple Avenue Annex			Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address: 100 Lyons Avenue			Square Feet: 249,000 # of Floors: 68 yrs						
City/ (5): Newark	County (6): Essex	County Code (7): 07106	Bldg. Age Current Use : School						
Name of Monitoring Firm Hired by Building Owner: Whitman Environmental		ASCM No.: 00110	Name of Abatement Contractor (9): Envirocare Enterprises, Inc						
Street Address: 7 Pleasant Hill Road		Street Address: 358 Broadway							
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: Newark, NJ 07104							
Project Manager for Monitoring Firm: Kevin Lovley		Telephone No.: 732-390-5858	Telephone No.: (973) 732-6225	License No.: 01017					
Start Date (10): 08/17/12	Scheduled Completion Date (11): 08/25/12		Name of OSHA Monitor: AmeriSci						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:			Street Address: 117 East 30 <sup>th</sup> Street						
<input type="checkbox"/> Other Describe:			City, State, Zip Code: New York, New York, 10016						
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf			<input type="checkbox"/> 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) 100 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Boiler Room		X		Boiler		X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Envirocare		Disposal Date:		City, State: Tullytown, PA					
Completed By: Sam Illuoh		Title: Project Manager		Signature: <i>Samuel Illuoh</i>		Date: 08/03/12			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of Notification (1): 08/03/12		Name of Building Owner/Operator (2) Newark Public School		2012 AUG -7 AM 11:38				
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: 2 Cedar Street		ASBESTOS CONTROL & LICENSING				
		City, State, Zip Code: Newark, NJ 07102		Telephone Number: 973-332-4012				
		Name of Contact: Benjamin T. Olagade						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3): Rich Street 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: 735 Rich Street			Square Feet: 600,000 # of Floors:					
City/ (5): Newark	County (6): Essex	County Code (7): 07104	Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: TTI Environmental Incorporated		ASCM No.:	Name of Abatement Contractor (9): Envirocare Enterprises, Inc					
Street Address: 1253 North Church Street			Street Address: 358 Broadway					
City, State, Zip Code: Moorestown, NJ 08057			City, State, Zip Code: Newark, NJ 07104					
Project Manager for Monitoring Firm: James A. Guillard		Telephone No.: 856-840-8800	Telephone No.: (973) 732-6225	License No.: 01017				
Start Date (10): 08/13/12	Scheduled Completion Date (11): 08/20/12		Name of OSHA Monitor: AmeriSci					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe:  <input type="checkbox"/> Other Describe:			Street Address: 117 East 30 <sup>th</sup> Street					
			City, State, Zip Code: New York, New York, 10016					
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> < 3 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
Kitchen		X	VAT & Mastic	1500 SF	X			
Name of Registered Waste Hauler: Newark Carting		NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste: 3	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark NJ 07102 / Envirocare		Disposal Date:		City, State: Tullytown, PA				
Completed By: Sam Ilounoh		Title: Project Manager	Signature: <i>Samuel Ilounoh</i>		Date: 08/03/12			