

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

RECEIVED

Date of Notification (1) 8/7/2012		Name of Building Owner/Operator (2) FELIX BARRERA							
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 29 SPRING STREET		City, State, Zip Code GARFIELD, NJ 07026							
Name of Contact FELIX BARRERA		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT 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 29 SPRING STREET		Square Feet	# of Floors						
City (5) GARFIELD		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) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 8/18/2012	Scheduled Completion Date (11) 8/20/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	70 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 8/20/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>			Date 8/7/2012			

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

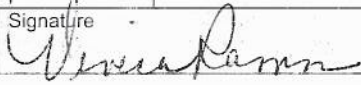
RECEIVED

Date of Notification (1) 8/7/2012		Name of Building Owner/Operator (2) RICHARD STEVENS	
Agencies Notified	Type Notification	Street Address 328 LIBBY AVENUE	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIDGEWOOD, NJ 07450	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact RICHARD STEVENS	Telephone Number _____

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 328 LIBBY AVENUE		Square Feet	# of Floors
City (5) RIDGEWOOD		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) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING
Street Address		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700
			License No. 00494
Start Date (10) 8/18/2012	Scheduled Completion Date (11) 8/20/2012	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 8/20/2012		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title SECRETARY	Signature 	Date 8/7/2012	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

RECEIVED

Date of Notification (1) 08 / 01 / 12		Name of Building Owner/Operator (2) Patricia Altobello	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOI <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address 334 Pines Lake Drive East		City, State, Zip Code Wayne NJ 07470	
Name of Contact Patricia Altobello		Telephone Number	

2012 AUG -9 PM 12:37

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence Street Address 334 Pines Lake Drive East City (5) Wayne			County (6) Passaic			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 (i.e., private & commercial buildings, homes, etc.)		
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. #34A Fairlawn NJ 07410			ASCM			Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc. Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470			Square Feet # of Floors Bldg. Age		
Project Manager for Monitoring Firm Willie Morales			Telephone Number 973-636-9145			License No. 00408			Current Use (Prior if being demolished)		
Scheduled State Date (10) 08 / 15 / 12 Month / Day / Year			Scheduled Completion Date (11) 08 / 17 / 12 Month / Day / Year			Name of OSHA Monitor Enviro Vision Consultants, Inc.			Street Address 20-21 Wagaraw Road, Bldg. #34A City, State, Zip Code Fairlawn NJ 07410		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:											

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment With Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos - Containing Material (ACM) 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			
				R	E	N	E
Basement	X	VAT & Mastic	375 SF	X			
1st Floor	X	VAT & Mastic	175 SF	X			
Exterior Back Window	X	Glazing/Caulk	72 LF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S.
City, State Wayne NJ 07470		Disposal Date		City, State Morrisville PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature	Date	

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

RECEIVED

Date of Notification (1) 8-6-2012		Name of Building Owner/Operator (2) MS. MACKENZIE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <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 1 HARVARD PLACE	
		City, State, Zip Code BELLVILLE, NJ 08710	
		Name of Contact MS. MACKENZIE	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) MS. MACKENZIE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 HARVARD PLACE		Square Feet 1850	# of Floors 2
City (5) BELLEVILLE		Bldg. Age 67 YRS	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			Best Removal Inc.	
City, State, Zip Code			Street Address 450 South River St	
			City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388

Start Date (10) 8-20-2012	Scheduled Completion Date (11) 8-21-2012	Name of OSHA Monitor Omega Environmental Services	
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Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler St.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		City, State, Zip Code South Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)					
<input type="checkbox"/> 25 or less SF	<input checked="" type="checkbox"/> 26 or more SF	<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"/> Gloving Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedure

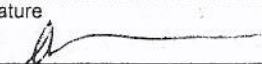
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	VAT	450 SF	X			

Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 112 YDS	Name of Registered Landfill Minerva Enterprises Inc	
City, State Hackensack, NJ		Disposal Date 8-21-2012		City, State Waynesburg, OH.	

Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 8-6-2012
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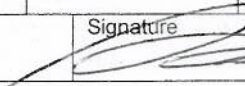
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHARGE RECEIVED
2012 AUG -9 PM 12:36

Date of Notification (1) 8-6-12		Name of Building Owner/Operator (2) Francesco Taddeo							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 31 East High Street		City, State, Zip Code Somerville, NJ 08876							
Name of Contact Francesco Taddeo		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 31 East High Street		Square Feet 2000	# of Floors 1						
City (5) Somerville		Bldg. Age 50							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703						
Start Date (10) 8-27-12	Scheduled Completion Date (11) 9-3-12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
basement			x	pipe insulation	180 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 8/6/12			

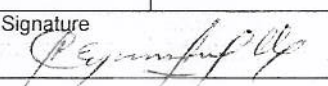
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 8/2/12		Name of Building Owner/Operator (2) Port Authority of NY & NJ		2012 AUG -9 PM 12:34	
Agencies Notified	Type Notification	Street Address 500 Kennedy Blvd E			
<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 Weehawken, NJ 07086			
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact John Arrabito		Telephone Number 1	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Lincoln Tunnel Helix			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 500 Kennedy Blvd E			Square Feet 259,920		
City (5) Weehawken			# of Floors 1		Bldg. Age 75
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Tunnel Approach Roadway	
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No. N/A		Name of Abatement Contractor (9) PAL Environmental Safety Corp.	
Street Address 241 Erie Street, Room 236		Street Address 11-20 Queens Plaza South			
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Long Island City, NY 11101			
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881		License No. 00853	
Start Date (10) 8/13/12		Scheduled Completion Date (11) 8/12/13		Name of OSHA Monitor Martin Mcrea	
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 100 West 17th St	
				City, State, Zip Code Bayonne, NJ 07002	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Helix		X		Transite Conduit	7220 LF
Name of Registered Waste Hauler Asbestos Transportation Co., Inc		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 267	
City, State Shirley, NY		Disposal Date 8/13/12		Name of Registered Landfill Minerva Enterprises	
City, State Waynesburg, OH					
Completed by Sanford Alper		Title Senior Project Exec.		Signature 	
				Date 8/2/12	

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

RECEIVED

Date of Notification (1) 08-06-2012		Name of Building Owner/Operator (2) ZHEN ZHANG SULLIVAN		2012 AUG -9 PM 12:33				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 769 9THST City, State, Zip Code SECAUCUS NJ 07094 Name of Contact ZHEN ZHANG SULLIVAN Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 395 ALBIN COURT			Square Feet 1900					
City (5) RIDGEWOOD NJ			# of Floors 1		Bldg. Age 72			
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A				
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO PROBE		ASCM No.		Name of Abatement Contractor (9) SHARON QUALITY CO LLC.				
Street Address 108 LIBERTY ST		Street Address 22 VAN ORDEN PL						
City, State, Zip Code METUCHEN NJ 08841		City, State, Zip Code HACKENSACK NJ 07601						
Project Manager for Monitoring Firm		Telephone No. 973-494-4600		License No. 01135				
Start Date (10) 08-15-2012		Scheduled Completion Date (11) 08-16-2012		Name of OSHA Monitor BIOTERRA ENVIRONMENTAL SOLUTION				
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 190-194 EAST KINNEY ST City, State, Zip Code NEWARK NJ 07105					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
FIRST FLOOR AND BASEMENT		X	VAT FLOOR TILE 9X9	736 SQFT	X		X	X
Name of Registered Waste Hauler SHARON QUALITY CO		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste 1		Name of Registered Landfill TRI STATE SERVICE		
City, State HACKENSACK NJ 07601		Disposal Date 08-20-2012		City, State BRONX NY 10474				
Completed by CARLOS ESQUIVEL		Title MANAGER		Signature 		Date 08-06-2012		

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

Date of Notification (1) 8-6-2012		Name of Building Owner/Operator (2) R. HAROLD							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 269 EDWARDS STREET							
		City, State, Zip Code RIDGEWOOD, NJ 07450							
		Name of Contact R. HAROLD							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) R. HAROLD		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 269 EDWARDS STREET		Square Feet 2100	# of Floors 2						
City (5) RIDGEWOOD		Bldg. Age 79 YRS							
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code _____		Street Address 450 South River St							
Project Manager for Monitoring Firm _____		City, State, Zip Code Hackensack, N.J. 07601							
Telephone No. _____		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 8-17-2012	Scheduled Completion Date (11) 8-18-2012	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St.							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work: (Check All That Apply)									
<input type="checkbox"/> 25 sf or less <input type="checkbox"/> 260 sf or 2200 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASement			X	THERMAL INSULATION	58 SF	X			
BASement			X	THERMAL INSULATION	92 LF	X			
Name of Registered Waste Handler Best Removal Inc.									
N.J.E.P. Waste Handler ID No. 17109		Cubic Yards of Waste 2 YOS		Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 8-18-2012		City, State Waynesburg, OH.					
Conductor or R. Veldran		Title Estimator		Signature R. Veldran		Date 8-6-2012			

ck #
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26 and 17:27)

2012 AUG -9 PM 12:32

ASBESTOS CONTROL
& LICENSING

Date of Modification (1) 8-3-12	Name of Building Owner/Operator (2) MARY JENNINGS
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Street Address 139 BRIDGE AVE
Type of Modification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RED BANK N.J. 07701
	Name of Contact MARY
	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MARY JENNINGS	Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address 139 BRIDGE AVE	Square Feet 1800
City (5) RED BANK NJ	# of Floors 2
County (6) Monmouth	Building Age 80
Name of Monitoring Firm Hired by Building Owner (8)	County Code (7) (STATE USE ONLY)
Street Address	Current Use (if not being demolished) House
City, State, Zip Code	Name of Abatement Contractor (9) ACE INSULATION CO INC
Project Manager for Monitoring Firm	Street Address 95 MONTROSE RD
Telephone No.	City, State, Zip Code COLTS NECK NJ 07722
Scheduled Completion Date (11) 8-20-12	Telephone No. 732-294-1757
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: 7AM-7PM	License No. 00029
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> <3 sf or <3 ft <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Triple Procedure	Name of OSHA Monitor ACE INSULATION CO INC
	Street Address 95 MONTROSE RD
	City, State, Zip Code COLTS NECK NJ 07722

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			20	10	10	10	10
CRAWL SPACES				PIPE COVERING	24 LF					

Name of Registered Waste Hauler ACE INSULATION CO INC	NUDEP Waste Hauler ID No. 17-036	Cubic Yards of Waste 1	Name of Registered Landfill FEST
City, State COLTS NECK NJ 07722	Disposal Date 8-13-12	City, State BETHLEHEM PA	
Completed By Jack Galle	Title WPS MGR	Signature Jack Galle	Date 8-3-12

ASD 11

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

2012 AUG -9 PM 12: 32

Date of Notification (1) 8-3-12		Name of Building Owner/Operator (2) TED SONDERMAN						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> EXA	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 1031 WEST COMMANDER BLVD (57)						
		City, State, Zip Code SACKSON NJ 08527						
		Name of Contact LEATH	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) TED SONDERMAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 545 MONMOUTH RD (Rte 53)		Square Foot [REDACTED]	Bldg. Age [REDACTED]					
City (5) SACKSON NJ		Current Use (Prior to being demolished) HOUSE						
County (6) DECATUR	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) ACE INSULATION Co INC						
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 95 MONTROSE RD						
Street Address		City, State, Zip Code COLTS NECK NJ 07722						
City, State, Zip Code		Telephone No. 732 244 1752	License No. 00029					
Project Manager for Monitoring Firm		Name of OSHA Monitor ACE INSULATION Co Inc						
Start Date (10) 8-13-12		Scheduled Completion Date (11) 8-20-12						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Mon - 7am		Street Address 95 MONTROSE RD						
		City, State, Zip Code COLTS NECK NJ 07722						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> < 160 sf or < 3 ft <input checked="" type="checkbox"/> > 160 sf or > 30 ft <input checked="" type="checkbox"/> Removal <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Closebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ADDED 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) 1800	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			SIDING					
Name of Registered Waste Hauler ACE INSULATION Co		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 4	Name of Registered Landfill SHRINE LANDFILL				
City, State COLTS NECK NJ 07722		Disposal Date 8-20-12	City, State EASTON PA					
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL	Date 8-3-12				

ASD-41

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

State of New Jersey Asbestos Abatement License Application (Pursuant to NJAC 8:26 and 12:120)

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Date of Notification (10) <u>7-1-12</u>		Name of Building Owner/Owner (2) <u>EMMA Lee</u>	
Agency Notified:	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	<u>155 RT 50</u>	<u>Greenfield NJ 08230</u>
		Name of Contact	Telephone Number
		<u>GARY</u>	<u>982-30</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>		Type of Facility (4)	
Street Address <u>450 Maryland Ave</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <u>Atlantic City NJ</u>	Square Feet <u>2500</u>	# of Floors <u>3</u>	Bldg. Age <u>10</u>
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Resident</u>	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	Street Address
		<u>Ann-Joe LLC</u>	<u>1212 Burlington Ave</u>
Street Address	City, State, Zip Code	City, State, Zip Code	Telephone No.
		<u>DELANCO NJ 08075</u>	<u>636 824 0971</u>
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		<u>636 824 0971</u>	<u>01070</u>

Start Date (10) <u>7-1-12</u>	Scheduled Completion Date (11) <u>7-31-12</u>	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one)		Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code

Scope of Work (Check all that apply)	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Shallow Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Frangible Procedure
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft	<input type="checkbox"/> Removal <input type="checkbox"/> Demolition

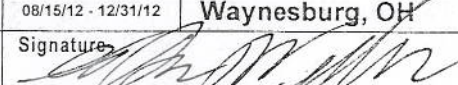
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Handled Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	NA			Removal	Repair	Encapsulate
<u>Roof</u>			<input checked="" type="checkbox"/>	<u>Roof material</u>	<u>1000 SF</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler	RIIWP Waste Handler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<u>J Robinson Waste</u>	<u>17396</u>	<u>5</u>	<u>WPA of Pa.</u>
City, State	Disposal Date	City, State	
<u>Bellmawr NJ</u>	<u>7/3/12</u>	<u>Tullytown Pa.</u>	
Completed by	Title	Signature	Date
<u>Joe Hall</u>	<u>VP</u>	<u>[Signature]</u>	<u>7-2-12</u>

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

Check No. N/A


RECEIVED

Date of Notification (1) August 01, 2012		Name of Building Owner/Operator (2) PA of NY & NJ, Port Newark				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCL <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 274 Kellogg Street				
		City, State, Zip Code Port Newark, NJ 07114				
		Name of Contact Uday Mehta	Telephone Number 201-595-4881			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Port Elizabeth		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Building 263, Distribution Street						
City (5) Newark, NJ 07114		Square Feet 784	# of Floors 2			
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 20 +/- years			
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.			
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue				
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011				
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881	License No. 00120			
Start Date (10) August 13, 2012	Scheduled Completion Date (11) December 31, 2012	Name of OSHA Monitor McCabe Environmental Services, L.L.C.				
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 464 Valley Brook Avenue				
		City, State, Zip Code Lyndhurst, NJ 07071-1998				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1982 sq ft	Abatement Type		
				Removal	Repair	Encapsulate
Per Contract Drawings 8' along Column C to Column 9 and 8' along column 9 to column C	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sprayed-on Fire Proofing		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Bronx, NY		Disposal Date 08/15/12 - 12/31/12	City, State Waynesburg, OH			
Completed by Aleksandar Kuridza	Title Vice - President	Signature 	Date 8/1/2012			

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

Check No. N/A - PA Project

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Date of Notification (1) July 03, 2012		Name of Building Owner/Operator (2) PA of NY & NJ 2012 AUG -9 PM 12:20				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <small>New Jersey State Reg. 17:27</small> <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 241 Erie Street, Room 236 City, State, Zip Code Jersey City, NJ 07310-1397 Name of Contact Uday Mehta Telephone Number [REDACTED]				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Lincoln Tunnel, Center and North Tube		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Lincoln Tunnel		Square Feet N/A				
City (5) Jersey City, NJ 07310-1397		# of Floors 65 yrs +/-				
County (6) Hudson County		County Code (7) (STATE USE ONLY) Roadway Tunnel				
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.				
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue, Clifton, NJ 07011				
City, State, Zip Code Jersey City, NJ 07306		City, State, Zip Code Clifton, NJ 07012				
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881				
Start Date (10) July 15, 2012		Scheduled Completion Date (11) August 31, 2013				
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 McCabe Environmental Services, L.L.C.				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
Center Tube Pump Room	<input checked="" type="checkbox"/>	Pipe Gasket Material	20	<input checked="" type="checkbox"/>		
North Tube Pump Room	<input checked="" type="checkbox"/>	Pipe Gasket Material	20	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking / B&N&K Restoration Co., Inc.		NJDEP Waste Hauler ID No. 50071 / 12695	Cubic Yards of Waste 3800	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State Bronx, NY / Clifton, NJ		Disposal Date 07/02/12 - 12/11/12	City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Project Manager	Signature 	Date 8/1/2012			

CHECK #
2363

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

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Date of Notification (1) <u>8/2/12</u>		Name of Building Owner/Operator (2) <u>MEN & 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 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. 08058</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>213 24TH ST</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>AVALON</u>		Bldg Age <u>40+</u>					
County (6) <u>CAPE MAY</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.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>9/4/12</u>	Scheduled Completion Date (11) <u>9/11/12</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>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<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					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	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) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1200 LF</u>	Abatement Type			
				Removal	Repair	Encapsulation	Other
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>8/2/12</u>		

ASB-1

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CNECIC #
2362


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

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Date of Notification (1) <u>8/11/12</u>		Name of Building Owner/Operator (2) <u>JOSEPH HAND EXCAVATING</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 198</u> City, State, Zip Code <u>CAPE MAY COUNTY, NJ 08204</u>							
		Name of Contact <u>JOSEPH</u>	Telephone Number <u>609-884-1111</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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>10415 2ND AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>						
City (5) <u>STONE HARBOR</u>		Bldg. Age <u>40+</u>							
County (6) <u>CAPE MAY</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>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>							
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>8/13/12</u>	Scheduled Completion Date (11) <u>8/20/12</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>							
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<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							
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 Method			
	Yes	No	N/A			Removal	Repair	Encapsulation	Other
<u>SIDING</u>				<u>TRANSITE</u>	<u>1200 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>					
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>8/11/12</u>				

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

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 21884
RECEIVED

Date of Notification (1) <u>8/1/12</u>		Name of Building Owner/Operator (2) <u>Julia Sameth</u>		2012 AUG -9 PM 12:06				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>175 Hamilton Ave</u>						
		City, State, Zip Code <u>Princeton, NJ 08540</u>						
		Name of Contact <u>Julia Sameth</u>		Telephone Number _____				
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>175 Hamilton Ave.</u>								
City (5) <u>Princeton</u>			Square Feet	# of Floors	Bldg. Age			
County (6) <u>Mercer</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>8/2/12</u>	Scheduled Completion Date (11) <u>8/2/12</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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>basement</u>			<u>duct insulation</u>	<u>7 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>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/3/12</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 		Date <u>8/1/12</u>				

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Homan
(signature)
Date: 8/1/12 Time: 10:16AM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK # 24884

2012 AUG -9 PM 12:00

Date of Notification (1) <u>8/1/12</u>		Name of Building Owner/Operator (2) <u>Julia Sameth</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>175 Hamilton Ave</u> City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Julia Sameth</u>	Telephone Number <u>1</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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>175 Hamilton Ave.</u>		Square Feet	# of Floors
City (5) <u>Princeton</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to 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>	City, State, Zip Code <u>Crosswicks, NJ 08515</u>	Street Address <u>PO Box 322</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>8/2/12</u>	Scheduled Completion Date (11) <u>8/2/12</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 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)
	Yes	No	
<u>basement</u>		<input checked="" type="checkbox"/>	<u>duct insulation</u>
			<u>7 LF</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJOEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/3/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Date <u>8/1/12</u>

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

Date of Notification (1) 8/2/12		Name of Building Owner/Operator (2) Ilyse Rothstein	
Agencies Notified	Type Notification	Street Address	RECEIVED 2012 AUG -9 PM 12:04 ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	352 Tichenor Ave.	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code S. Orange, NJ 07079	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Ilyse Rothstein	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

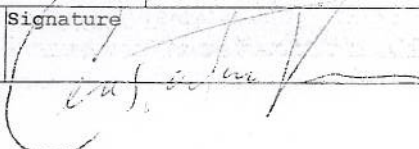
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 352 Tichenor Ave.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) S. Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2200	# of Floors 2	Bldg. Age 70
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8/13/12	Sched. Completion Date (11) 8/14/12	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	10 lf	X			
Basement				Ductwork Insulation	6 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 8/15/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/2/12		

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

RECEIVED

Date of Notification (1) 07/11/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	Initial	P.O. box 2158	
	Notification	City, State, Zip Code	
	x Amended	Princeton NJ 08543	
	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

2012 AUG -9 AM 11:31

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - 20 Washington Road			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 20 Washington Road			Square Feet	# of Floors	Bldg. Age
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	100000 4 50+
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 07/23/12 Month/Day/Year		Sched. Completion Date (11) 10/01/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	x Renovation	x Full Containment with Negative Pressure
>3 sf or >3 if		x Mini - Enclosure
x >160 sf or >260 lf		x Glovebag Procedure
		x Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. 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 L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Ground Floor - exterior outside room 1		x		window caulk	170 LF	x				
1st Floor - exterior outside room 101 G		x		window caulk	170 LF	x				
2nd Floor - exterior outside room 201 G		x		window caulk	170 LF	x				
throughout		x		pipe insulation	100 LF	x				

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 8-8-12

ABS-41
JUN 95

G4667

page 2 of 2

Princeton University - 20 Washington Lane Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement
ground floor	floor tile and mastic	400 SF	Removal

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2012 AUG -9 AM 11:31
ASBESTOS CONTROL
& LICENSING

Aug 1 2012 11:31am P001/003

RECEIVED

CHECK# 7947

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

2012 AUG -9 AM 11:30

Date of Notification (1) 7.30.12		Name of Building Owner/Operator (2) Seamour Street Associates	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 7 North Willow Street Ste. 8B		City, State, Zip Code Montclair NJ 07042	
Name of Contact Bill Mulligan		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 695 Bloomfield Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 695 Bloomfield Avenue		Square Feet 8000	
City (5) Montclair		# of Floors 2	
County (6) Essex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) commercial	
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452	
Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 7.31.12		License No. 00159	
Scheduled Completion Date (11) 8.2.12		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥250 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		City, State, Zip Code Hackensack, NJ 07605	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
Amount (Specify SF or LF)		Abatement Type	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Removal	
Repair		Encapsulation	
Each Area			
Yes		No	
N/A			
basement		✓	
basement		✓	
pipe insulation		370 LF	
floor tile		70 SF	
		X	
		X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	
City, State, Zip Code Riverton, NJ 07457		Cubic Yards of Waste 2	
Completed by R. McDonald		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Title President		Disposal Date 7.31.12	
Signature Randall McDonald		City, State, Zip Code Bethlehem, PA 18015	
Date 7.30.12			

RECEIVED

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

2012 AUG -9 AM 11:10

Check # 6839

Date of Notification (1) 8/7/12		Name of Building Owner/Operator (2) Montclair Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Amended Notification <input type="checkbox"/> Cancellation	Street Address 22 Valley Road	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Len Saponara	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Montclair 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 and commercial buildings, homes, etc.)		
Street Address 100 Chestnut St.			Square Feet 150000	# of Floors 3	Bldg. Age ~ 80
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 300 Grand Ave.			Street Address 3 Lynn Court		
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Stephen J.		Telephone Number 201-569-6708	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 8/16/12	Sched. Completion Date (11) 8/21/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacated			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Outside locker rooms		X		Pipe insulation	20 LF		x		

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1/2	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/27/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/7/12

RECEIVED

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 2012 AUG -9 AM 11:05

Check # 6840

Date of Notification (1) 8/7/12		Name of Building Owner/Operator (2) Montclair Board of Education	
Agenies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [X] Initial Notification [] Emergency [] Amended Notification [] Cancellation	Street Address 22 Valley Road	
		City, State, Zip Code Montclair, NJ 07042	
		Name of Contact Len Saponara	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hillside School			Type of Facility (4) [X] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 54 Orange Rd.			Square Feet 120000		
City (5) Montclair			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 3
			Bldg. Age ~ 70		
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 300 Grand Ave.			Street Address 3 Lynn Court		
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Stephen J.			Telephone Number 973-709-0200		
Telephone Number 201-569-6708			License Number 00852		
Scheduled Start Date (10) 8/16/12		Sched. Completion Date (11) 8/21/12			
Name of OSHA Monitor J & S Environmental Laboratories, LLC					
Street Address 2333 Route 22 W					
City, State, Zip Code Union, NJ 07083					

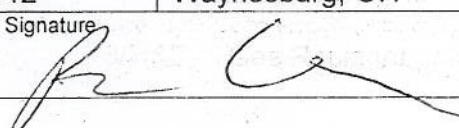
Scope of Work (Check all that apply)

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

[X] Renovation

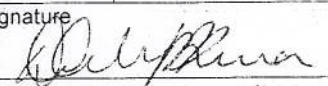
- [] Full Containment with Negative Pressure
[X] Mini - Enclosure
[] Glovebag Procedure
[] Non - Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R U	E N C L O S E	E N C L O S E
Basement and crawlspace		X		Pipe insulation	20 LF		x		

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1/2	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/27/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 	Date 8/7/12

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

RECEIVED

Date of Notification (1) 07 / 31 / 12		Name of Building Owner/Operator (2) E. I. Dupont		2012 AUG -9 AM 11:41					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road							
		City, State, Zip Code Parlin, NJ 08859							
		Name of Contact Jim Poltritsky		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fire Protection Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 250 Cheesequake Road									
City (5) Parlin		Square Feet 4000	# of Floors 1	Bldg. Age +/- 50					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) USA Environmental Management, Inc.					
Street Address 3370 Progress Drive, Suite J		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 215-365-5810	License No. 1156				
Start Date (10) 8 / 14 / 12		Scheduled Completion Date (11) 9 / 22 / 12		Name of OSHA Monitor USA Environmental Management, 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: 7:30 AM-3:30PM/____PM-____AM				Street Address 8436 Enterprise Avenue					
				City, State, Zip Code Philadelphia, PA 19153					
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 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
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Coating on Transite Roof	12,000 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 USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Landfill				
City, State Philadelphia, PA				Disposal Date 9/22/2012	City, State Waynesburg, OH				
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 		Date 7/31/12			

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

CK
520329

<u>Date of Notification (1)</u> 8/08/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	
<u>Street Address</u> 100 Campus Drive <u>City, State, Zip Code</u> Florham Park, NJ 07932		<u>Name of Contact</u> Frank Piechoeta	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Outside of Building #7		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street		<u>Sq. Feet</u> 0 <u># of Floors</u> 0	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.		<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 655 West Shore Trail		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Sparta, NJ 07871		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 8/23/2012	<u>Scheduled Completion Date (11)</u> 9/07/2012	<u>Name of OSHA Monitor</u> Testor Tech	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 10 59 Jackson Ave.	
<u>Describe Vacant Bldg. To Be Demolished</u> Other - Describe		<u>City, State, Zip Code</u> L.I.C. New York, 11101	
<u>Source of Work (Check all that apply)</u> (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) (X) Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) Non-Friable Outdoor Work			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u>			
Slab Outside of Bldg. #7	X	Tar Wrapped Pipe	75 LF
<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 1	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE	<u>Disp. Date</u> 9/07/12	<u>City, State</u> Waynesburg, OH	
<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Coordinator	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 8/08/12

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ASBESTOS CONTROL

& LIC # 001066

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Notification of Demolition or Renovation.....(continued)

2012 AUG -9 AM 11:35

X. Description of Planned Demolition or Renovation Work and Methods to be Used:

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

ASBESTOS CONTROL
& LICENSING

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Joseph K. White

(Signature of Owner/Operator)

(Date) 8/8/12

XVIII. I Certify that the Above Information is Correct

Joseph K. White

(Signature of Owner/Operator)

(Date) 8/8/12

520328

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

<u>Date of Notification (1)</u> 8/08/12			<u>Name of Building Owner/Operator (2)</u> BASF Corporation		
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled		<u>Street Address</u> 100 Campus Drive <u>City, State, Zip Code</u> Florham Park, NJ 07932 <u>Name of Contact</u> Frank Piechoeta	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Building No. 1E Sewer Plant			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 1 James Street			<u>Sq. Feet</u> 450 <u># of Floors</u> 1		
<u>City (5)</u> Belvidere	<u>County (6)</u> Hunterdon	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30 +/- <u>Current Use</u> (prior if being demolished) Sewer Plant		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.		<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP		
<u>Street Address</u> 655 West Shore Trail			<u>Street Address</u> 404 N. Berry Street		
<u>City, State, Zip Code</u> Sparta, NJ 07871			<u>City, State, Zip Code</u> Brea, CA 92821		
<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH		<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066	
<u>Scheduled Start Date (10)</u> 8/23/2012		<u>Scheduled Completion Date (11)</u> 9/07/2012		<u>Name of OSHA Monitor</u> Testor Tech	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> 10 59 Jackson Ave.		
<u>Describe Vacant Bldg. To Be Demolished</u> 70020 sf warehouse building to be demolished in its entirety			<u>City, State, Zip Code</u> L.I.C. New York, 11101		
<u>Other -- Describe</u>					
<u>Source of Work (Check all that apply)</u>					
(X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) Non Friable Outdoor Work					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
Roof	X	Roof Shingles	1100 sf	X	
<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 40	<u>Name of Reg. Landfill</u> Minerva Enterprises		
<u>City, State</u> 58 Pyles Lane - New Castle, DE	<u>Disp. Date</u> 9/07/12		<u>City, State</u> Waynesburg, OH		
<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Manager	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 8/08/12		

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ASBESTOS CONTROL
& LICENSING

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used:

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Regulate Area, Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubineti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Joseph K. White (Signature of Owner/Operator)

(Date) 8/08/12

XVIII. I Certify that the Above Information is Correct

Joseph K. White (Signature of Owner/Operator)

(Date) 8/08/12

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520327

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

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Date of Notification (1) 8/08/12		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified () EPA (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled	
Street Address 100 Campus Drive		City, State, Zip Code Florham Park, NJ 07932	
Name of Contact Frank Piechoeta		Phone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BASF - Fire Pump Pit Building 1C		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 James Street		Sq. Feet 100 # of Floors 2	
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 655 West Shore Trail		Street Address 404 N. Berry Street	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 8/23/2012	Scheduled Completion Date (11) 9/07/2012	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 10 59 Jackson Ave.	
Describe Vacant Bldg. To Be Demolished 2 story non occupied structure to be demolished in its entirety Other - Describe		City, State, Zip Code L.I.C. New York, 11101	
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) (X) Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-Friable Outdoor Work			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Abatement Type	Rem. Rep. Encap Enclose		
Skylight	X	Glazing on Windows	120 lf
Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 120	Name of Reg. Landfill Minerva Enterprises
City, State 58 Pyles Lane - New Castle, DE	Disp. Date 9/07/12	City, State Waynesburg, OH	
Completed by (Print or Type) Joseph K. White	Title Project Manager	Signature Joseph K. White	Date 8/08/12

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Notification of Demolition or Renovation.....(continued)				2012 AUG -9 AM 11:32	
X. Description of Planned Demolition or Renovation Work and Methods to be Used: Building will be demolished using wet dust suppression methods with Mechanical means & methods.					
ASBESTOS CONTROL & LICENSING					
XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Full negative air containments for interior abatement. Wet removal methods. Vacumms will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking.					
XII. Waste Transporter#1 Waste Management					
Address: 100 Ave. A					
City: Newark		County: Essex		State: NJ	Zip: 07114
Contact: Susan Rubinetti (Layton)				Telephone: 201-206-2258	
Waste Transporter#2 Service Transport Group, Inc.					
Address 58 Pyles Lane					
City New Castle		County New Castle		State DE	Zip 19720
Contact Tom Gaudet				Telephone 302-778-5930	
XIII. Waste Disposal Site Minerva Enterprises					
EPA Certification Number: PO104984					
Address: 9000 Minerva Rd					
City: Waynesburg		County: Stark		State: OH	Zip: 44688
Contact: Sara Pomera				Telephone: 330-866-3435	
XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:					
Name			Title		
Authority					
Date of Order (MM/DD/YY)			Date Ordered to Begin (MM/DD/YY)		
XV. For Emergency Renovations:					
DATE and HOUR of Emergency: (MM/DD/YY)			(HH:MM)		
Description of SUDDEN, UNEXPECTED EVENT					
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations					
XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.					
XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).					
Joseph K White				(Date) 8/08/12	
(Signature of Owner/Operator)					
XVIII. I Certify that the Above Information is Correct					
Joseph K White				(Date) 8/08/12	
(Signature of Owner/Operator)					

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

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

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2012 AUG -9 PM 12:09

Date of Notification (1) 7/30/12		Name of Building Owner/Operator (2) Archdiocese of Newark						
Agency 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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 171 Clifton Ave City, State, Zip Code Clifton, NJ Name of Contact Tom McCue Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 499 Belgrave Ave City (5) Kearny County (6) Hudson		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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Print Shop						
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision	ASCM No. 00079	Name of Abatement Contractor (9) F. Grisek + Son Inc						
Street Address 20-21 Wagonwheel Rd. City, State, Zip Code Fair Lawn NJ		Street Address 513 E 32nd St City, State, Zip Code Paterson, NJ						
Project Manager for Monitoring Firm Fred Jensen	Telephone No. 973 656 9145	Telephone No. 973 345 2222	License No. #00021					
Start Date (10) 8/13/12	Scheduled Completion Date (11) 9/4/12	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address City, State, Zip Code						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> 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
Basement			X	Boiler + Breach	560 SF	X		
Basement Pipe			X	Pipe	210 LF	X		
Garage Roof			X	Roofing Flash	1000 SF	X		
			X					
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill TRRF Landfill				
City, State Freehold NJ		Disposal Date		City, State Tullytown PA				
Completed by Frank Grisek		Title Pres.	Signature [Signature]		Date 7/30/12			

** Amend Dates + Monitoring Firm **

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

2012 AUG -9 PM 12:14

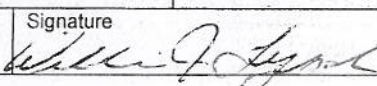
Date of Notification (1) <u>7/8/12</u>		Name of Building Owner/Operator (2) <u>Community Congregation Church</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>200 Hartshorne Dr.</u> City, State, Zip Code <u>Short Hills NJ</u>							
		Name of Contact <u>Frank Grisez</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Community Congregation Church</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>200 Hartshorne Dr</u>		Square Feet	# of Floors						
City (5) <u>Short Hills NJ</u>		Bldg. Age							
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Church</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Birdsall Service Corp</u>	ASCM No	Name of Abatement Contractor (9) <u>F Grisez & Son</u>							
Street Address <u>65 Jackson Dr.</u>	Street Address <u>513 E 32nd St</u>								
City, State, Zip Code <u>CRANFORD, NJ</u>	City, State, Zip Code <u>Peterboro NJ</u>								
Project Manager for Monitoring Firm <u>KEVIN BUONS</u>	Telephone No. <u>878 3352</u>	Telephone No. <u>973 3452222</u>	License No. <u>000 000 21</u>						
Start Date (10) <u>8/5/12</u>	Scheduled Completion Date (11) <u>8/12/12</u>	Name of OSHA Monitor <u>Same</u>							
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 type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" 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							
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>Boiler Room</u>			<u>X</u>	<u>Pipe Insul</u>	<u>180 LF</u>	<u>X</u>			
<u>BEhind Stage</u>			<u>X</u>	<u>Boiler Insul</u>	<u>440 SF</u>	<u>X</u>			
<u>BEhind Stage</u>			<u>X</u>	<u>Pipe</u>	<u>170 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Eastern Waste</u>	NJDEP Waste Hauler ID No. <u>15027</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>Imperial Landfill</u>						
City, State <u>Freehold NJ</u>	Disposal Date <u>8-17-12</u>	City, State <u>Imperial PA</u>							
Completed By <u>Frank Grisez</u>	Title <u>President</u>	Signature <u>[Signature]</u>	Date <u>7/8/12</u>						

ASB-41

* 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

Date of Notification (1) July 31, 2012		Name of Building Owner/Operator (2) Point Pleasant Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2100 Panther Path		City, State, Zip Code Point Pleasant, NJ 08742							
Name of Contact Denise Derosa		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Point Pleasant Borough 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 2100 Panther Path		Square Feet 24,000	# of Floors 3						
City (5) Point Pleasant		Bldg. Age 75							
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) Environmental Design		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 5434 King Avenue		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462	License No. 00842						
Start Date (10) Aug 1, 2012	Scheduled Completion Date (11) Aug 3, 2012	Name of OSHA Monitor EMSL							
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 type="checkbox"/> Other - Describe: _____		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Telephone Closet			XXX	Pipe with Asbestos Fittings	12 LF	xxx			
Weight Room			XXX	Pipe with Asbestos Fittings	48LF	xxx			
				Note: the above pipe is					
				non Asbestos					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date August 1, 2012	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature 			Date July 31, 2012			

REMEMBER - MAIL IN HARD COPY

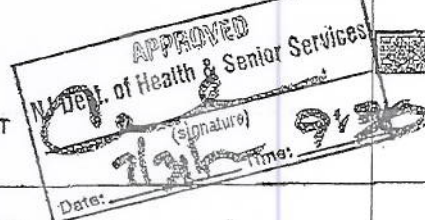
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:89 and 12:12D)

Date of Notification (1) July 31, 2012		Name of Building Owner/Operator (2) Point Pleasant Board of Education		2012 AUG 8 PM 12:42 DOL - 10 DAY CHECK # 4970 ASBESTOS CONTROL & REMEDIATION WAVE	
Agencies Notified		Type Notification		Street Address 2100 Panther Path	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Point Pleasant, NJ 08742	
		Name of Contact Denise Derosa			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Point Pleasant Borough High School				Type of Facility (4)	
Street Address 2100 Panther Path				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Point Pleasant				Square Feet 24,000	6 or Floors 3
County (6) Ocean				County Code (7) (STATE USE ONLY)	Bldg. Age 75
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design				Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 5434 King Avenue				Street Address 47 S. Lippincott Ave	
City, State, Zip Code Pennsauken, NJ 08109				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Tom Pruno				Telephone No. 609-744-7482	License No. 00842
Start Date (10) Aug 1, 2012		Scheduled Completion Date (11) Aug 3, 2012		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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 checked="" type="checkbox"/> ≥ 3 of or ≥ 3 lf <input type="checkbox"/> ≥ 160 of 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 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Telephone Closet				12 LF	
Weight Room				48 LF	
Note: the above pipe is non Asbestos					
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060		Disposal Date August 1, 2012		City, State Tullytown, PA.	
Completed by William Lynch		Title Owner		Signature <i>William Lynch</i>	Date July 31, 2012

ASB-41 (R-06-08)

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)



Date of Notification (1) 07/27/12 Ck: 2190 \$200		Name of Building Owner/Operator (2) Cedar Grove Board of Education							
Agencies Notified	Type Notification	Street Address 520 Pompton Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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	City, State, Zip Code Cedar Grove, New Jersey 07009							
		Name of Contact Mario Gaita	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedar Grove High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 90 Rugby Road		Square Feet 20,000	# of Floors 2						
City (5) Cedar Grove, New Jersey 07009		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 386		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400						
Start Date (10) 08/03/12		Scheduled Completion Date (11) 08/05/12	License No. 01104						
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 Other - Describe: Fri 4pm start, Sat & Sun 7am-7pm		Name of OSHA Monitor J&S Environmental Labs LLC							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Hallway Ceiling		X		Pipe Fitting(O&M)	8	X			
E Wing Entrance Door Way		X		Pipe Fitting(O&M)	2	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 08/06/12	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>				Date 07/27/12		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 17:26)

APPROVED
 NJ Dept. of Health & Senior Services
 (Signature)
[Signature]

Final Form

Date of Notification (1) 07/27/12 Ck: 2189 \$200		Name of Building Owner/Operator (2) Cedar Grove Board of Education						
Agencies Notified	Type Notification	Street Address 520 Pompton Avenue						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Grove, New Jersey 07009						
		Name of Contact Mario Gaita	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Cedar Grove High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 90 Rugby Road		Square Feet 20,000	# of Floors 2					
City (5) Cedar Grove, New Jersey 07009		Bldg. Age 55+						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation					
Street Address PO Box 385		Street Address 606 McBride Avenue						
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400					
Start Date (10) 07/31/12		Scheduled Completion Date (11) 08/04/12	License No. 01104					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4pm-12am		Name of OSHA Monitor J&S Environmental Labs 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 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Media Room		X		9x9 Floor Tiles & mastic (occupied)	3250 SF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 7	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424		Disposal Date 08/06/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 07/27/12			

NO
check

Date of Notification (1)

7-1-12

Name of Building Owner (Owner or Designated Representative)

Wildwood Board of Education

Street Address

430 Pacific Ave

City, State, Zip Code

Wildwood NJ

Name of Contact

Pat

2012 AUG -9 PM 12:30

Agency Notified

- ☐ EPA
☐ DEP
☐ DCL
☐ DOH
☐ OCA

Type Notification

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

ASBESTOS CONTROL

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Wildwood High School

Street Address

430 Pacific Ave

City (5)

Wildwood

County (5)

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

Approx.

of Floors

2

Est. Age

80

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Ann-Joe LLC

Street Address

1212 Burlington Ave

City, State, Zip Code

Delanco NJ 08075

Project Manager for Monitoring Firm

Telephone No.

656 824 0971

License No.

01070

Start Date (10)

Aug 3, 12

Scheduled Completion Date (11)

Aug 30, 2012

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

- ☐ ≥ 6 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 250 ft

- ☐ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Gloving Procedure
☐ Non-Encapsulated (*) and Non-Fixable 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	NA			Removal	Repair	Encapsulate	Endorse
Clinic Rooms 111				ACM Floor 7/11	1400				
212					1400				
Space Closet 2nd Floor					1000				

Name of Registered Waste Hauler

J Robinson

RISEP Waste Hauler ID No.

15719

Cubic Yards of Waste

5

Name of Registered Landfill

Wildwood

City, State

Ballston NJ

Disposal Date

7-1-12

City, State

Wildwood NJ

Completed by

J Hill

Title

VP

Signature

J Hill

Date

7-1-12

NO CHECK

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

Date of Notification (1) 07 / 20 / 12		Name of Building Owner/Operator (2) Immaculate Heart of Mary and Saint Patrick Parish							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 211 Court Street							
		City, State, Zip Code Elizabeth, NJ 07206-1852							
		Name of Contact Tom Mc Cue	Telephone Number ASBESTOS CONTROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Patrick High School Building		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 227 Court Street		Square Feet 40,000	# of Floors 3						
City (5) Elizabeth, NJ 07206		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services	ASCM No. 00120	Name of Abatement Contractor (9) Degmor, Inc.							
Street Address 280 Huyler Street		Street Address 511 Canal Street, 3rd floor							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code New York, NY 10013							
Project Manager for Monitoring Firm Adel Guerrero	Telephone No. (201) 489-8700	Telephone No. (212) 431-0696	License No. 01150						
Start Date (10) 08 / 01 / 12 <i>ON HOLD</i>	Scheduled Completion Date (11) 08 / 24 / 12	Name of OSHA Monitor EMSL 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 - Describe Time of Abatement: 7:00 AM - 4:00 PM		Street Address 107 Haddon Avenue							
		City, State, Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breaching	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TSI	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaskets/packing	20 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries		NJDEP Waste Hauler ID No. 22147	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Kackettstown, NJ 07840		Disposal Date TBD		City, State Waynesburg, Ohio 44688					
Completed By (Print or Type) Teresa Borowiec		Title Sr. Project Manager/Designer		Signature <i>T. Borowiec</i>			Date 7/20/12		

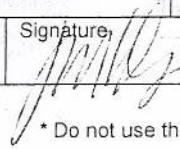
State of New Jersey NOTIFICATION OF
ASBESTOS ABATEMENT (Pursuant to NJAC
8:60 and 12:120)

RECEIVED

Date of Notification (2/8/12)		Name of Building Owner/Operator (2) Voorhees Township							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # Emergency (including justification) Cancellation		Street Address 620 Voorhees Road City, State, Zip Code Voorhees N.J. Name of Contact Larry Spellman Telephone Number					
FACILITY INFORMATION									
name of Facility Where Abatement is Taking Place (3) Former Cherry Hill Equipment				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 400 Sycamore Ave				Square Feet 25000					
City (5) Voorhees Township				# of Floors 2					
County (6) Camden				Bldg. Age 35					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Manage & Consulting Services Inc		ASCM No.		Name of Abatement Contractor (9) Tricon Enterprises Inc					
Street Address PO Box 341		Street Address 322 Beers St							
City, State, Zip Code Chesterfield N.J. 08515		City, State, Zip Code Keyport N.J. 07735							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-743-0493		License No. 01095					
Start Date (10) 8/20/12		Scheduled Completion Date (11) 8/29/12		Name of OSHA Monitor n/a					
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>non friable removable</u>				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 nd Floor			x	Debris	20 cy	x			
Name of Registered Waste Hauler Atlantic Carting Inc		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste 30		Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Applebutter Rd			
City, State 1141 Rt 23 Wayne N.J. 07470		Disposal Date 8/29/12		City, State Bethlehem P.A. 10815					
Completed by Scott Rubin		Title Project manager		Signature		Date 8/6/12			

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

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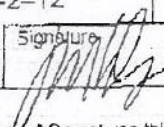
Date of Notification (1) 7-31-12		Name of Building Owner/Operator (2) Pascack Valley Health Center LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Old Hook Road City, State, Zip Code Westwood, NJ 07675 Name of Contact Gene Hildman Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		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 250 Old Hook Road		Square Feet 50,000	# of Floors 3 Bldg. Age 65yrs.						
City (5) Westwood	County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) hospital						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 515 Grove Street		Street Address 923 Haws Avenue							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 610-239-9920 License No. 00398						
Start Date (10) 8-1-12	Scheduled Completion Date (11) 8-2-12	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		x		floor tile & mastic	40 SF	x			
1st floor		x		floor tile & mastic	50 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 8-2-12		City, State Bethlehem, PA					
Completed by James M. Kelly		Title Project Manager		Signature 		Date 7-31-12			

REMEMBER - MAIL IN HARD COPY

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

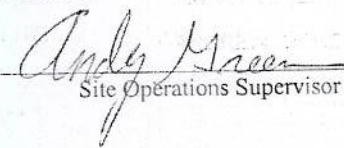
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CANCELED DAY 7

Date of Notification (1) 7-31-12		Name of Building Owner/Operator (2) Pascack Valley Health System, LLC					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> PCA		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 250 Old Hook Road		City, State, Zip Code Westwood, NJ 07675					
Name of Contact Gene Hildman		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Pascack Valley Hospital		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 250 Old Hook Road		Square Feet 50,000					
City (5) Westwood		# of Floors 3					
County (6) Bergen		Current Use (Prior to being demolished) hospital					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.					
Street Address 515 Grove Street		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 923 Haws Avenue					
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code Norristown, PA 19401					
Telephone No. 856-547-0505		Telephone No. 610-239-9920					
Start Date (10) 8-1-12		License No. 00398					
Scheduled Completion Date (11) 8-2-12		Name of OSHA Monitor Plymouth Environmental Co., Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 923 Haws Avenue					
		City, State, Zip Code Norristown, PA 19401					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) (12) UNABATED in Facility	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
basement		x		40 SF	x		
1st floor		x		50 SF	x		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 1		Name of Registered Landfill IESI	
City, State Newark, NJ		Disposal Date 8-2-12		City, State Bethlehem, PA		Date 7-31-12	
Completed by James M. Kelly		Title Project Manager		Signature 		Date 7-31-12	

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

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Date of Notification (1) 7/31/2012		Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals, L.P.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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 Certification <input type="checkbox"/> Cancelled	Street Address US Route 130 & I-295	
		City, State, Zip Code Westville, NJ 08093-1000	
		Name of Contact Kere Miller	Tel. Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sunoco Partners Marketing & Terminals, L.P.		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 US Route 130 & I-295		Sq. Feet N/A # of Floors N/A	
City (5) Westville	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age N/A (Outside piping) Current Use (prior if being demolished) Oil Refinery
Name of Monitoring Firm Hired by Bldg. Owner (8) KA Industrial services, LLC		ASCM No.	Name of Contractor (9) Kenny Atlantic Industrial Services LLC
Street Address 26 Colonial Ave		Street Address 800 Billingsport Rd	
City, State, Zip Woodbury Nj 08096		City State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm Scott Dechant	Telephone Number 856-224-4385	Telephone Number 856-224-4392	License Number 00857
Scheduled Start Date (10) 8/13/2012	Scheduled Completion Date (11) 8/31/2012	Name of OSHA Monitor Same	
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 - Exterior abatement/renovations within restricted work areas of tank farm, no other contractors present		Street Address	
		City, State, Zip Code	
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 type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) (Estimated)
Tank Farm	X	TSI on Outside Piping	1200 LF
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 60 (estimated)
City, State South Harrison, NJ		Disp. Date Various	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ		City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN	Title MANAGER - KAIS	Signature  Site Operations Supervisor	Date 7/31/2012

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

Telephone 609-984-6620

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