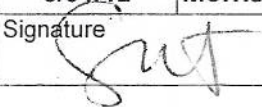


No check

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

1207-4531 FRI
Check #4398

RECEIVED

Date of Notification (1) 8/8/12		Name of Building Owner / Operator (2) PSE&G		2012 AUG 13 PM 2:05					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 80 Park Plaza		ASBESTOS CONTROL & LICENSING				
			City, State & Zip Code Newark, NJ 07101						
		Name of Contact Steve Maginnis		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Cuthbert Substation			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 721 Cuthbert Blvd.			Square Feet	# of Floors	Bldg. Age				
City (5) Cherry Hill	County (6) Camden	County Code (7)		Current Use (Prior if being demolished) Substation					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street		Street Address PO Box 25							
City, State & Zip Code South Hackensack, NJ		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Larry Zaccherio		Telephone Number 201-489-8700	Telephone Number 609-265-2107	License Number 00529					
Scheduled Start Date (10) 8/15/12	Scheduled Completion Date (11) 8/31/12		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 Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glove Bag Procedures					
				<input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Conference Room 2, 2 nd Fl. Open Area, 2nd Fl. Office, 1 st Fl. Stairwell, 1 st Fl. Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sheetrock with Joint Compound	7,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Mechanical/Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Mechanical/Electrical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 40	Name of Registered Landfill GROWS North Landfill					
City, State Camden, NJ		Disposal Date 8/31/12	City, State Morrisville, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 	Date 8/8/12					

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

1207-4531 NF
Check #4397

Date of Notification (1) 8/8/12		Name of Building Owner / Operator (2) PSE&G 2012 AUG 13 PM 2:05	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 80 Park Plaza
			City, State & Zip Code Newark, NJ 07101
			Name of Contact Steve Maginnis
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G Cuthbert Substation			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 721 Cuthbert Blvd.			Square Feet	# of Floors	Bldg. Age
City (5) Cherry Hill	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Substation		

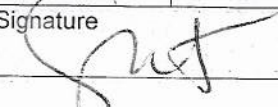
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 280 Huylar Street		Street Address PO Box 25			
City, State & Zip Code South Hackensack, NJ		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Larry Zaccherio	Telephone Number 201-489-8700	Telephone Number 609-265-2107	License Number 00529		

Scheduled Start Date (10) 8/13/12	Scheduled Completion Date (11) 8/31/12	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

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

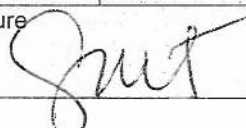
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Conference Room #1 & #2, 2 nd Floor Open Area, 1st Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC Pitch Pocket	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Fl. Interior wall btw. Original & Addition, Exterior South Wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Siding Shingles	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Fl. Garage 3, 1 st Fl. Closet, 1 st Fl. Under Stairwell Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Garage 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window caulk	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 40	Name of Registered Landfill GROWS North Landfill	
City, State Camden, NJ		Disposal Date 8/31/12	City, State Morrisville, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 8/8/12

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

1206-4506
Check #4407

RECEIVED

Date of Notification (1) 8/9/12		Name of Building Owner / Operator Middlesex County Vocational School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 112 Rues Lane						
			City, State & Zip Code East Brunswick, NJ 08816						
			Name of Contact Business Administration						
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middlesex County Vocational School		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 112 Rues Lane		Square Feet	# of Floors						
City (5) East Brunswick	County (6) Middlesex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 318 12th Street		Street Address PO Box 25							
City, State & Zip Code Hammonton, NJ 08037		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor	Telephone Number 609-704-8850	Telephone Number 609-265-2107	License Number 00529						
Scheduled Start Date (10) 8/10/12	Scheduled Completion Date (11) 8/12/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Fri night, Saturday & Sunday <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure							
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glove Bag Procedures							
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos cloth & brick	144 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 8/12/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 8/9/12			

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

1207-4514
Check #4408

RECEIVED

Date of Notification (1) 8/7/12		Name of Building Owner / Operator (2) 2012 AUG 13 PM 2:03 NJ Dept. of Military & Veterans Affairs	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Rd.	
		City, State & Zip Code Lawrenceville, NJ 08648	
Name of Contact Debbie Soto			Telephone Number [REDACTED]

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Westfield Armory			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 500 Rahway Ave.			Square Feet	# of Floors	Bldg. Age
City (5) Westfield	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Armory		

Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 116 Tices Lane Unit B-1		Street Address PO Box 25			
City, State & Zip Code East Brunswick, NJ 08816		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Kevin Lovely	Telephone Number 732-390-5858	Telephone Number 609-265-2107	License Number 00529		

Scheduled Start Date (10) 8/27/12	Scheduled Completion Date (11) 9/7/12	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firebrick	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Breaching Insulation	600 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 9/7/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature <i>Gwen Trumbetti</i>		Date 8/7/12

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

1206-4493
Check #4400

RECEIVED

Date of Notification (1) 8/6/12		Name of Building Owner / Operator JC Penney Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #4 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 6501 Legacy Drive
			City, State & Zip Code Plano, TX 75024
			Name of Contact Richard Marnik
			Telephone Number [REDACTED]

2012 AUG 13 PM 2:03
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JC Penney- Store # 497		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 305 Mt. Hope Avenue		Square Feet	# of Floors
City (5) Rockaway		County (6) Morris	County Code (7)
Current Use (Prior if being demolished) Department Store			

Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1600 Route 22 East		Street Address PO Box 25	
City, State & Zip Code Union, NJ 07083-1597		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Thomas Rubino	Telephone Number 908-688-7800	Telephone Number 609-265-2107	License Number 00529

Scheduled Start Date (10) 6/13/12	Scheduled Completion Date (11) 8/31/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 10PM - 8AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

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


Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 nd Level Arizona	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	105 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JCP Shops	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IZOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liz Claiborne Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ		Disposal Date 8/31/12	City, State Tullytown, PA
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>Gwen</i>
			Date 8/6/12

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

RECEIVED

CK
2490

Date of Notification (1) 08/07/2012		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club		2012 AUG 13 PM 1:58	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1655 US HWY 9	
		City, State, Zip Code Old Bridge, NJ 08857		ASBESTOS CONTROL & LICENSING	
Name of Contact Bernadette Poppel			Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.				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 1 A-D Willow Run				Square Feet 2000 SF	
City (5) Old Bridge,				# of Floors 2	
County (6) Middlesex				Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments Bldg.			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) DIA General Construction, Inc.	
Street Address		Street Address 1360 Clifton, Avenue, PMB Suite 218			
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012			
Project Manager for Monitoring Firm		Telephone No. 973-389-0089		License No. 00693	
Start Date (10) 08/17/2012		Scheduled Completion Date (11) 08/21/2012		Name of OSHA Monitor DIA General Construction, 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 1360 Clifton, Avenue, PMB Suite 218	
				City, State, Zip Code Clifton, NJ 07012	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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)	
Crawl Space				200 LF	
		X		Pipe/Elbow Insulation	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970		Cubic Yards of Waste 10	
City, State New Castle, DE		Disposal Date 08/21/2012		Name of Registered Landfill Minerva Landfill	
				City, State Waynesburg, OH 44688	
Completed By Krutarth Jagad		Title President		Signature 	
				Date 08/07/2012	

ASB41

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

EMERGENCY

O.K. From PETER ALVAREZ

Check # 7950

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

RECEIVED

SEE ATTACHED

2012 AUG 13 PM 1:56

Date of Notification (1) 8/9/12		Name of Building Owner/Operator (2) VOPAK TERMINAL PERTH AMBOY LLC										
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation										
Street Address 1250 STATE ST.		City, State, Zip Code PERTH AMBOY, NJ 08864										
Name of Contact HANS TORREMAN		Telephone Number										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) VOPAK TERMINAL / FORMER HESS SITE		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 1250 STATE ST.		Square Feet	Bldg. Age 58									
City (5) PERTH AMBOY		Current Use (Prior if being demolished) OIL TERMINAL / DEMO										
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)										
Name of Monitoring Firm Hired by Building Owner (8) BIRDSALL SERVICES GROUP		ASCM No.										
Street Address 611 INDUSTRIAL WAY WEST		Name of Abatement Contractor (9) A. Mac Contracting Inc.										
City, State, Zip Code EATONTOWN, NJ 07724		Street Address 105 Lowell Road										
Project Manager for Monitoring Firm PAUL CALABRESE		Telephone No. 732-380-1700	City, State, Zip Code Glen Rock, N.J. 07452									
Start Date (10) 8/10/12		Telephone No. 201-262-5841	License No. 00156									
Scheduled Completion Date (11) 8/21/12		Name of OSHA Monitor Omega Environmental Services 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 Other - Describe: DEMO SITE / HOURS 7 DAYS A WEEK		Street Address 280 Huyler Street										
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		City, State, Zip Code Hackensack, NJ 07606										
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) In Facility (13) OUTSIDE UNDER GROUND	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) 3000 SF	Abatement Type			
	Yes	No	N/A	PIPE	Removal	Repair	Encapsulate		Enclosure			
Name of Registered Waste Hauler RUSSELL REID		NJDEP Waste Hauler ID No. 7911	Cubic Yards of Waste 20	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.								
City, State KEASBERY, NJ 08832		Disposal Date 8/10/12		City, State Bethlehem, PA 18015								
Completed by R. McDonald		Title President	Signature R. McDonald		Date 8/9/12							

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

Check # 7957

RECEIVED

Date of Notification (1) 8/9/12		Name of Building Owner/Operator (2) FCA CONSTRUCTION - LIFE		2012 AUG 13 PM 4:56								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2902 CORPORATE PLACE								
		City, State, Zip Code CHAUNHASSEN, MN 55312		Name of Contact DAVE								
				Telephone Number [REDACTED]								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) FORMER BMW HEADQUARTERS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 1 BMW PLAZA			Square Feet 130,000									
City (5) MONTVALE			# of Floors 2		Bldg. Age 50							
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) VACANT								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.									
Street Address		Street Address 105 Lowell Road										
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452										
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156								
Start Date (10) 8/22/12		Scheduled Completion Date (11) 9/12/12		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 Huyler Street									
			City, State, Zip Code Hackensack, NJ 07606									
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 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
OFFICE AREA				X	VAT + MASTIC		4,400 SF		X			
ROOF				X	FLASHING		10,350 SF		X			
OUTSIDE WALL				X	TAR/WATERPROOFING		15,000 SF		X			
THROUGHOUT				X	FIRE DOORS (15)		280 SF		X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 30		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State Riverdale, New Jersey 07457				Disposal Date 8/22/12		City, State Bethlehem, PA 18015						
Completed by R. McDonald			Title President		Signature [Signature]			Date 8/9/12				

No check

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge			Type of Facility (4)		
Street Address 314 route 4 west			<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.)		
City (5) paramus	County (6) bergen	County Code (7)	Square Feet 10,000	# Of Floors 1	Building Age 20+
Name of Monitoring Firm Hired by Bldg. Owner (8) gza			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 55 lane rd			Street Address 462 Getty Avenue		
City, State, Zip Code fairfield nj 07004			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm ben sallemi		Telephone Number 973 2487816	Telephone Number 973-772-3660		License Number 00117
Sched. Start Date (10) 08 / 20 / 12		Sched. Completion Date (11) 8 / 30 / 12			

<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011	
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Scope of Work (Check All That Apply)

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

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

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

Completed by (Print or Type) PAUL MAST	Title VICE PRESIDENT	Signature <i>Paul Mast</i>	Date 08/10/12
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OK 10/01

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

RECEIVED

Date of Notification (1) 8-11-2012		Name of Building Owner/Operator (2) Alpha property management Inc.							
Agencies Notified	Type Notification	Street Address	2012 AUG 13 PM 1:51						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	108-136 Martin L king Blvd.							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07108	ASBESTOS CONTROL & LICENSING						
		Name of Contact Jose Argueta	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colonnade Apts Building C.		Type of Facility (4)							
Street Address 25 Clifton 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) Newark NJ	Square Feet 200,000+	# of Floors 20+	Bldg. Age 50.						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental LLC.						
Street Address		Street Address 235 virginia ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-3338855	License No. 01174						
Start Date (10) 08-24-2012	Scheduled Completion Date (11) 08-31-2012	Name of OSHA Monitor Same as above							
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 checked="" type="checkbox"/> Other - Describe: Facility Occupied during abatement.		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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space		x		Pipe insulation	300lf	x			
Crawl space floor		x		ACM Debris	1600sf	x			
Name of Registered Waste Hauler Tri-state Transfer Associate		NJDEP Waste Hauler ID No. 2A-456	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises					
City, State Bronx NY		Disposal Date 08-29-2012	City, State Waynesburg.						
Completed by Tiffany Nunez		Title Office Manager	Signature <i>Tiffany Nunez</i>			Date 08-11-12			

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

RECEIVED

Date of Notification (1) 8/8/12		Name of Building Owner/Operator (2) Matt Schellhorn	
Agencies Notified	Type Notification	Street Address	2012 AUG 13 PM 12:28 ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	56 Johnson Ave.	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Bloomfield, NJ 07003	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Matt Schellhorn	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 56 Johnson Ave.			Square Feet 2000	# of Floors 2	Bldg. Age 70
City (5) Bloomfield	County (6) Essex	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) AZTECH MANAGEMENT, Inc.
Street Address		Street Address
		86 Christopher St.
City, State, Zip Code		City, State, Zip Code
		Montclair, NJ 07042

Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number
	N/A	(973) 744-8800	00371
Scheduled Start Date (10) 8/21/12	Sched. Completion Date (11) 8/22/12	Name of OSHA Monitor N/A	
Month Day Year	Month Day Year		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	E	N	E	C	L		
Basement			X	Pipe Insulation	140 LF	X							

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 8/23/12	City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/8/12
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Hard Copy

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

OIA
 RECEIVED 18
 CH# 7018

2012 AUG 13 PM 12:26

Date of Notification (1) 7/31/12		Name of Building Owner/Operator (2) REGGIO CONSTRUCTION CO.							
Agency 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 330 HERITAGE DR & LICENSING						
	City, State, Zip Code BRICK NJ 08723		Telephone Number [REDACTED]						
	Name of Contact MR FRANK LA TORRE SR								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 656, 662 & 664 PORTLAND ST		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 [REDACTED]		Square Feet 6000	# of Floors 0						
City (5) Perth Amboy NJ		Bldg. Age 0							
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT HOMES						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC						
Street Address		Street Address P.O. Box 814							
City, State, Zip Code		City, State, Zip Code OLD BRIDGE NJ 08857							
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. 00806						
Start Date (10) 8/3/12	Scheduled Completion Date (11) 9/3/12		Name of OSHA Monitor NOVATECH 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 P.O. Box 814						
			City, State, Zip Code OLD BRIDGE NJ 08857						
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) 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 FIRE DAMAGE				X CO-MINGLED MATERIAL ASBESTOS CLEAN-UP DUE TO FIRE	300 cu yd X YARDS				
Name of Registered Waste Hauler FCI (Freehold Cartage Inc)		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 300 cu yd	Name of Registered Landfill G.R.O.W.S.				
City, State Freehold NJ		Disposal Date 9/2/12		City, State Morrisville PA					
Completed by CARLOS ALFREDA		Title PRESIDENT		Signature [Signature]		Date 7/31/12			

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

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

Check #6655
RECEIVED
2012 AUG 13 PM 12:25
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) August 8, 2012		Name of Building Owner / Operator (2) Michael and Amanda Feeman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 81 Chatham Street	
		City, State & Zip Code Chatham, NJ 07928	
		Name of Contact Amanda Feeman	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, home, etc.)	
Street Address 81 Chatham Street		Square Feet 1,800	# of Floors 2 + Basement
City (5) Chatham		Bldg. Age 81 years	
County (6) Morris		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) August 20, 2012	Scheduled Completion Date (11) August 24, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 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 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		<i>Vermiculite & Fiberglass Insulation</i>	120 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date August 27, 2012	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>	Date August 8, 2012

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

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

RECEIVED Check # 6841

2012 AUG 13 PM 12:04

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/8/12		Name of Building Owner/Operator (2) Mercer County Community College	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [] Initial Notification	Street Address 1200 Old Trenton Road	
	[] Amended Notification	City, State, Zip Code West Windsor, NJ 08550	
	[X] emergency [] Cancellation	Name of Contact Fred Carella	Telephone Number [REDACTED]

FACILITY INFORMATION

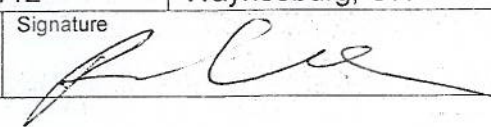
Name of Facility Where Abatement is Taking Place (3) Math & Science Bldg.			Type of Facility (4) [] School (K-12) [X] Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1200 Old Trenton Road			Square Feet 60000	# of Floors 3	Bldg. Age ~55
City (5) West Windsor	County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College classrooms		

Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1		Street Address 3 Lynn Court			
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely	Telephone Number 732-390-5858	Telephone Number 973-709-0200	License Number 00852		
Scheduled Start Date (10) 8/9/12	Sched. Completion Date (11) 8/13/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: [X] Other - Describe: partially vacant			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
3 rd floor		x		VAT	30 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 20	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 8/8/12

REMEMBER - MAIL IN HARD COPY

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 17:120-7)

RECEIVED 10 DAY
Check # 6841
2012 AUG 13 PM 12:15
AUG 8 2012
ASBESTOS WAIVER APPROVED

Date of Notification (1)

8/8/12

Agencies Notified

- FPA
- DEP
- EOL
- DOM
- DCA

Type of Notification

- Initial Notification
- Amended Notification
- emergency
- Cancellation

Name of Building Owner/Operator (2)

Mercer County Community College

Street Address

1200 Old Trenton Road

City, State, Zip Code

West Windsor, NJ 08550

Name of Contact

Fred Carella

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Math & Science Bldg.

Street Address

1200 Old Trenton Road

Type of Facility (4)

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

Square Feet

80000

of Floors

2

Brig. Age

--55

Current Use (Prior if being demolished)

College classrooms

City (5)

West Windsor

County (6)

Mercer

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner

Whilman Companies, Inc.

ASCM No

00110

Name of Abatement Contractor (9)

Jupiter Environmental Services, Inc

Street Address

116 Tices Lane, Unit B-1

Street Address

3 Lynn Court

City, State, Zip Code

East Brunswick, NJ 08816

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Kevin Loyely

Telephone Number

732-390-5858

Telephone Number

973-709-0200

License Number

00852

Scheduled Start Date (10)

8/9/12

Sched. Completion Date (11)

8/13/12

Name of OSHA Monitor

J & S Environmental Laboratories, LLC

Occupancy Status During Abatement (Check only one)

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

Street Address

2333 Route 22W

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check all that apply)

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

Renovation

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
3 rd floor		x		VAT	30 SF	x								

Name of Registered Waste Hauler

Jupiter Environmental Services

NJDEP Waste Hauler ID No

04782

Cubic Yards Of Waste

20

Name of Registered Landfill

Minerva Landfill

City, State

Lincoln Park, NJ

Disposal Date

8/27/12

City, State

Waynesburg, OH

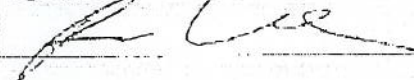
Completed By (Print or Type)

Pane Repic

Title

General Manager

Signature



Date

8/8/12

ASB 41
1/1/95

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-12
Client Project #

check # 2588
RECEIVED

Date of Notification (1) August 8, 2012		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT: 41 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MIKE SMITH, ENV. HEALTH & SAFETY	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRESIDENT'S HOUSE, BLDG# 3519		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 08/17/12	Scheduled Completion Date (11) 08/18/12	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM - (24 Hr. Thru WEEKEND as necessary)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 6SF
Room 105	<input checked="" type="checkbox"/>	SURFACING - PLASTER CEILING	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 08/18/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date August 8, 2012

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

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

RECEIVED

2012 AUG 13 PM 12:26

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/08/12 Ck: 2206 \$200		Name of Building Owner/Operator (2) Livingston Public Schools								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 Foxcroft Drive								
		City, State, Zip Code Livingston, New Jersey 07039								
		Name of Contact Paul Ko	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Livingston Board of Education		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 11 Foxcroft Drive		Square Feet 20,000	# of Floors 2							
City (5) Livingston, New Jersey 07039		Bldg. Age 55+								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation							
Street Address 301 9th Street		Street Address 606 McBride Avenue								
City, State, Zip Code West Deptford, NJ 08086		City, State, Zip Code Woodland Park, New Jersey 07424								
Project Manager for Monitoring Firm Steve Flannigan		Telephone No. 856-848-0800	Telephone No. 973-225-8400							
		License No. 01104								
Start Date (10) 08/20/12	Scheduled Completion Date (11) 08/21/12	Name of OSHA Monitor J&S Environmental Labs LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4:30pm		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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Boiler Room	X			Elbows	8 LF	X				
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill						
City, State Woodland Park, New Jersey 07424			Disposal Date 08/22/12	City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>				Date 08/08/12			

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

RECEIVED
 CHECK 11/28

2012 AUG 13 PM 12:36

Date of Notification (1) 8/9/12		Name of Building Owner/Operator (2) K & J Niemczyk	
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 107 E Curtis Street	
		City, State, Zip Code Linden NJ 07036	
		Name of Contact John Niemczyk	Telephone Number _____

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 101 East Elm Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Linden		Square Feet 2200	# of Floors 2	Bldg. Age 50
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483		
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418		
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703	
Start Date (10) 8/14/12	Scheduled Completion Date (11) 9/14/12	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	roof flashing	550 SF	x			
lower level			x	floor tile	100 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill
City, State Freehold NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Andrew Scott Higgins	Title President	Signature 	Date 8/9/12

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

RECEIVED

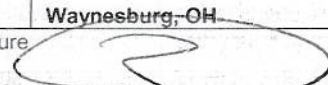
CK
2205

Date of Notification (1) 08/08/12 Ck: 2205 \$200		Name of Building Owner/Operator (2) Rowan University		2012 AUG 13 PM 12:32								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Mullica Hill Road								
				ASBESTOS CONTROL & LICENSING								
		City, State, Zip Code Glassboro, NJ 08028		Telephone Number								
		Name of Contact Tony Kula										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Rowan University, Wilson Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 201 Mullica Hill Road			Square Feet 20,000	# of Floors 3	Bldg. Age 55+							
City (5) Glassboro, NJ 08028		County (6) Gloucester		County Code (7) (STATE USE ONLY)								
		Current Use (Prior if being demolished) University										
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation									
Street Address 1253 North Church Street		Street Address 606 McBride Avenue										
City, State, Zip Code Moorestown, New Jersey 08057		City, State, Zip Code Woodland Park, New Jersey 07424										
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-341-1683	Telephone No. 973-225-8400	License No. 01104								
Start Date (10) 08/20/12	Scheduled Completion Date (11) 09/10/12		Name of OSHA Monitor J&S Environmental Labs LLC									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 3:30pm-12am			Street Address 2333 Route 22 West									
			City, State, Zip Code Union, New Jersey 07083									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure										
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure										
		<input checked="" type="checkbox"/> Glovebag Procedure / Tent										
		<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
2nd Floor Mechanical Room		X			Pipe Joint Insul.ElbowsVar.Sizes		177 each		X			
Roof Mechanical Room		X			Pipe Joint Insul.ElbowsVar.Sizes		125 each		X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S Landfill								
City, State Woodland Park, New Jersey 07424		Disposal Date 09/12/12		City, State Morrisville, Pennsylvania								
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 08/08/12						

OK
4249

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

RECEIVED

Date of Notification (1) 8/08/12		Job #:		Name of Building Owner/Operator (2) Acelero								
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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment#1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 331 Grand Avenue City, State, Zip Code Camden, NJ 08105								
				Name of Contact William Tallman		Telephone Number						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Acelero				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 331 Grand Avenue				Square Feet 40,000		# of Floors 1	Bldg. Age 30+					
City (5) Camden		County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Learning Center						
Name of Monitoring Firm Hired by Building Owner (8) Criterion			ASCM No.	Name of Contractor (9) The Prime Group Remediation, Inc.								
Street Address 3370 Progress Way			Street Address 4343 'G' Street									
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Philadelphia, PA 19124		Telephone Number 215-533-3503		License Number 00858					
Project Manager for Monitoring Firm Jim Wertz		Telephone Number 215-244-1300		Name of OSHA Monitor The Prime Group Remediation, Inc.								
Scheduled Start Date (10) 8/22/12		Scheduled Completion (11) 9/15/12		Street Address 4343 'G' Street								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Philadelphia, PA 19124								
Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A							Removal	Repair	Encapsulate	Enclosure
Main Area					Floor Tile		3500 SF		x			
Basement					Floor Tile		300 SF		x			
Name of Reg. Waste Hauler The Prime Group Remediation, Inc.			NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 10		Name of Reg. Landfill Minerva Landfill(OH EPA 15-1292)					
City, State Philadelphia, PA			Disposal Date 9/24/12		City, State Waynesburg, OH							
Completed by Vincent J. Primavera, III		Title Project Manager			Signature 			Date 8/08/12				

ASB-41

*Do not use this form for asbestos licensure exempted activities

VIA U.S. MAIL

CHIEF RECEIVED

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

2012 AUG 13 PM 12:25

Date of Notification (1) 8/8/12		Name of Building Owner/Operator (2) MS. JENNIFER MOUSSELL							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" 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 546 BARRY WOOD LANE ASBESTOS CONTROL & LICENSING						
	City, State, Zip Code BRIDGEWATER NJ 08807		Name of Contact MS MOUSSELL						
	Telephone Number [REDACTED]								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 546 BARRY WOOD LANE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet 2000	# of Floors 2						
City (5) BRIDGEWATER NJ 08807		Bldg. Age 100							
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT						
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) NCU-TECH INC						
Street Address		Street Address PO BOX 814							
City, State, Zip Code		City, State, Zip Code CID BRIDGE NJ 08857							
Project Manager for Monitoring Firm		Telephone No. 732 232 7500	License No. 00206						
Start Date (10) 8/12/12	Scheduled Completion Date (11) 9/12/12		Name of OSHA Monitor NCU-TECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO BOX 814 City, State, Zip Code CID BRIDGE NJ 08857							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE			X	PIPE INSULATION	25 LF	X			
Name of Registered Waste Hauler NCU-TECH INC		NJDEP Waste Hauler ID No. 12501	Cubic Yards of Waste 6	Name of Registered Landfill G.R.C.W.S					
City, State CID BRIDGE NJ 08857		Disposal Date 9/19/12	City, State HARRISVILLE PA						
Completed by CHARLES ALMEIDA		Title PRESIDENT	Signature [Signature]		Date 8/2/12				

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

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

RECEIVED

NO check

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

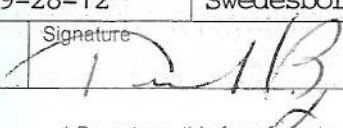
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

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

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

RECEIVED # 8590

Date of Notification (1) 8-7-12		Name of Building Owner/Operator (2) Rowan University		2012 AUG 13 PM 12:25					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Mullica Hill Road		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Glassboro, NJ 08028						
			Name of Contact Anthony Kula		Telephone Number [REDACTED]				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robinson Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 201 Mullica Hill Road			Square Feet 210,000						
City (5) Glassboro			# of Floors 3	Bldg. Age 48yrs.					
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Instruction						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 1253 North Church Street			Street Address 923 Haws Avenue						
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-884-8800	Telephone No. 610-239-9920	License No. 00398					
Start Date (10) 8-21-12	Scheduled Completion Date (11) 9-28-12		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 type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini-Enclosure				
				<input checked="" type="checkbox"/> Glovebag Procedure	<input 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
roof equipment room 400	x			pipe fitting insulation	338 ea.	x			
roof equipment room 400	x			pipe insulation	15 LF	x			
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill Gloucester County Landfill					
City, State Bellmawr, NJ		Disposal Date 9-28-12	City, State Swedesboro, NJ						
Completed by Timothy E. Bryan		Title Vice-President	Signature 		Date 8-7-12				

No check

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

RECEIVED

2012 AUG 13 PM 12:23

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/8/2012		Name of Building Owner/Operator (2) CARLSTADT-EAST RUTHERFORD REGIONAL BOARD OF ED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 120 PATERSON AVENUE		City, State, Zip Code EAST RUTHERFORD, NJ 07073								
Name of Contact PHIL CAPUTO		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) H.P. BECTON REGIONAL HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 120 PATERSON AVENUE		Square Feet	# of Floors							
City (5) EAST RUTHERFORD		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) WESTCHESTER ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 307 N. WALNUT STREET		Street Address 250 RUTHERFORD BLVD.								
City, State, Zip Code WEST CHESTER, PA 19380		City, State, Zip Code CLIFTON, NJ 07014								
Project Manager for Monitoring Firm MATT ABRAHAM		Telephone No. 610-431-7545	Telephone No. 973-956-8700							
Start Date (10) 7/9/2012		Scheduled Completion Date (11) 9/15/2012	License No. 00494							
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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
WINDOWS - EXTERIOR		X		WINDOW CAULKING	1,200 +/- LF	X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 100	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State CLIFTON, NJ		Disposal Date 9/15/2012	City, State MORRISVILLE, PA							
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>				Date 8/8/2012			

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

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

Date of Notification (1) 6/27/2012		Name of Building Owner/Operator (2) CARLSTADT-EAST RUTHERFORD REGIONAL BOARD OF ED								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 120 PATERSON AVENUE		City, State, Zip Code EAST RUTHERFORD, NJ 07073								
Name of Contact PHIL CAPUTO		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) H.P. BECTON REGIONAL HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 120 PATERSON AVENUE		Square Feet	# of Floors							
City (5) EAST RUTHERFORD		Bldg. Age								
County (6) BERGEN		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) WESTCHESTER ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 307 N. WALNUT STREET		Street Address 250 RUTHERFORD BLVD.								
City, State, Zip Code WEST CHESTER, PA 19380		City, State, Zip Code CLIFTON, NJ 07014								
Project Manager for Monitoring Firm MATT ABRAHAM		Telephone No. 610-431-7545	Telephone No. 973-956-8700							
Start Date (10) 7/9/2012		Scheduled Completion Date (11) 8/31/2012	License No. 00494							
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 SAME AS (9) ABOVE								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code								
<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	
SEE ATTACHED		X				X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 80	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State CLIFTON, NJ		Disposal Date 8/31/2012		City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title SECRETARY		Signature			Date 6/27/2012			

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

RECEIVED ASBESTOS CONTAINING MATERIAL - FIRST FLOOR LOCATIONS - KEY

2012 AUG 13 PM 12:23

ASBESTOS CONTROL & LICENSING

FIRST FLOOR			
Location	# of Fittings		Boiler Room Under Full Containment
	Branch Pipe (3/4" to 1-1/4")	Main Pipe (4")	
	Tented Glove Bag Locations	Containment Locations	
1	Combine Area 1 & 2	6	100 Fittings Hot Water Tank Breeching
2	Under 1 Tent	5	
3		4 (2 Areas)	
4		5	
5	Combine Area 5 & 6	4	
6	Under 1 Tent	2	
7			4
8		8	
9		26 (2 Areas)	
10		12 (4 Areas)	
11			1
12		2	
13		6 (2 Areas)	
14		9	
15		4	
16		23 (4 Areas)	
17		20	Combine Area 17 & 17a
17 a		5 (Estimate)	In 1 Containment
18		6 (By Window)	1 (Above Door)
19		4	
20		2	
21		6	
22		10	
23			6
24			6
25		11	
26		6	
27		6	
28		5	
29		16	
30		31	
31		6	
32		15 (2 Areas)	
33		2	
34		6	
35		8	
36		10	
37		7	Combine Area 37 & 38
38		22 (3 Areas)	In 1 Containment
39		13 (2 Areas)	
TOTAL		252 (49 Areas)	29

Estimate 49 Tents for Glove Bag Removal and 7 Full Containments

ASBESTOS CONTAINING MATERIAL - SECOND FLOOR LOCATIONS - KEY

RECEIVED

2012 AUG 13 PM 12: 23

ASBESTOS CONTROL & LICENSING

SECOND FLOOR		Mechanical Room	
Location	# of Fittings		
	Branch Pipe (3/4" to 1-1/4")	Main Pipe (4")	
	Tented Glove Bag Locations	Containment Locations	
1	6	49 Upper Level	May Need
2	7	29 Lower Level	4 Tents
3	9		
4	Combine Area 4 & 5	4	
5	Under 1 Tent	7	
6	2	4	
7	17		
8	8		
9	8		
10	6 (Estimate)		
11	Combine Area 11 & 12	8	
12	Under 1 Tent	8	
13	6 (Estimate)		
14	4		
15	8		
16	8		
17	8		
18	2		
19	6		
27	6		
28	5		
TOTAL	132	78	

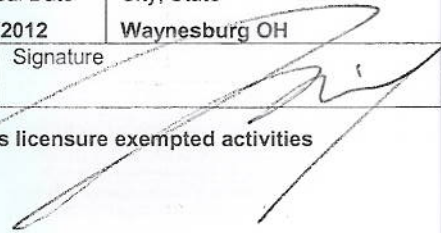
Estimate 21 Tents for Glove Bag Removal

END OF SECTION 02821

OK
4248

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

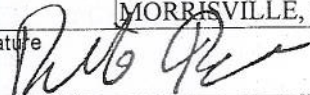
RECEIVED

Date of Notification (1) August 7, 2012		Job #: 9366.2	Name of Building Owner/Operator (2) Millville Public School							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 N 3rd Street City, State, Zip Code Millville NJ 08332							
			Name of Contact Ryan Cruzan	Telephone Number [REDACTED]						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Millville Senior High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)							
Street Address 200 N Wade Blvd.			Square Feet 10,000	# of Floors 2						
City (5) Millville			Bldg. Age 40 years							
County (6) Cumberland County		County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts		ASCM No.	Name of Contractor (9) Prime Group Remediation, Inc.							
Street Address 286 Sunset Road			Street Address 4343 'G' Street							
City, State, Zip Code Barrington NJ 08007			City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Michael Menz	Telephone Number 856-628-6020	Telephone Number 215-533-3503	License Number 00858							
Scheduled Start Date (10) August 22, 2012	Scheduled Completion (11) August 31, 2012	Name of OSHA Monitor Indoor Environmental Concepts								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____		Street Address 286 Sunset Road								
		City, State, Zip Code Barrington NJ 08007								
Source of Work (Check all that apply)										
<input checked="" type="checkbox"/> >3 sf or >3 lf <input 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	
Room #A-200			x	Blackboard (Transite)	80 SF	X				
Room #A-205			x	Blackboard (Transite)	80 SF	X				
Room #A-211			x	Blackboard (Transite)	80 SF	X				
See Attached										
Name of Reg. Waste Hauler The Prime Group Remediation		NJDEP Waste Hauler ID #	Cubic Yards of Waste 2	Name of Reg. Landfill Minerva (DEP #15-1292)						
City, State Philadelphia, PA		Disposal Date 09/05/2012	City, State Waynesburg OH							
Completed by Vincent Primavera	Title Project Manager	Signature 			Date August 7, 2012					

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

CR 3445

RECEIVED

Date of Notification (1) 06/28/2012		Name of Building Owner/Operator (2) City of East Orange								
Agency Notified	Type Notification	Street Address	2012 AUG 13 PM 12:16							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	44 City Hall Plaza City, State, Zip Code East Orange, NJ 07019	ASBESTOS CONTROL & LICENSING							
		Name of Contact Cecil H. Sanders Jr.	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Old EOPD Building		Type of Facility (4)								
Street Address 44 City Hall Plaza		<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.)								
City (5) East Orange, NJ 07019		Square Feet	# of Floors Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied-Adjacent Bldg occupied								
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) RICI CORP							
Street Address 3 Crosswicks Street		Street Address 41 LIBERTY STREET								
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code PASSAIC, NJ 07055								
Project Manager for Monitoring Firm Michael Hoodak	Telephone No. 609-298-5520	Telephone No. 973-614-1266	License No. 00838							
Start Date (10) July 23, 2012	Scheduled Completion Date (11) October 23, 2012	Name of OSHA Monitor RICI CORP								
Occupancy Status During Abatement (Check only one)		Street Address 41 LIBERTY STREET								
<input type="checkbox"/> Facility Closed/Nacated 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 PASSAIC, NJ 07055								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 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	
Room 0001	x			Boiler Insulation	480 sf	x				
Room 0001	x			Breeching insulation off boiler	720 sf	x				
Room 0001	x			Tank insulation	240 sf	x				
Room 0001	x			Pipe insulation	80 lf	x				
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL						
City, State PASSAIC, NJ		Disposal Date TBD		City, State MORRISVILLE, PA						
Completed by RISTO TRAJKOV		Title PRESIDENT		Signature 				Date 06/28/2012		

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

2012 AUG 13 PM 12:16
**ASBESTOS CONTROL
& LICENSING**

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06/28/2012

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 0001	X			Pipe Insulation	550 lf	X			
Room 0001A	X			Pipe Fitting Insulation	18 lf	X			
Room 0002		X		Pipe Fitting Insulation	76 lf	X			
Room 0003		X		Pipe Fitting Insulation	30 lf	X			
Room 0004		X		Pipe Fitting Insulation	26 lf	X			
Room 0005		X		Pipe Fitting Insulation	212 lf	X			
Room 0006		X		Pipe Fitting Insulation	44 lf	X			
Room 0007		X		Pipe Fitting Insulation	72 lf	X			
Room 0009		X		Pipe Fitting Insulation	72 lf	X			
Room 0011		X		Pipe Fitting Insulation	38 lf	X			
Room 0012		X		Pipe Fitting Insulation	30lf	X			
Room 0013		X		Pipe Fitting Insulation	42 lf	X			
Room 0014		X		Pipe Fitting Insulation	28 lf	X			
Room 0015		X		Pipe Fitting Insulation	24 lf	X			
Room 0016		X		Pipe Fitting Insulation	26 lf	X			
Room 0017		X		Pipe Fitting Insulation	240 lf	X			
Room 0018		X		Pipe Insulation	16 lf	X			
Room 0019		X		Pipe Fitting Insulation	31 lf	X			
Room 0020		X		Pipe Fitting Insulation	36 lf	X			
Room 0022		X		Pipe Fitting Insulation	60 lf	X			
Room 0023		X		Pipe Fitting Insulation	24 lf	X			
Room 0024		X		Pipe Fitting Insulation	14 lf	X			

Rici Corp. ♦ 41 Liberty Street, Passaic, NJ 07055

♦ Tel: (973) 614-1266 ♦ Fax: (973) 614-1268 ♦ ricicorp@optonline.net ♦ www.ricicorp.com

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PAGE 3 OF 4

06/28/2012

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 0025		X		Pipe Fitting Insulation	42 lf	X			
Room 0025A		X		Pipe Fitting Insulation	14 lf	X			
Room 1005		X		Pipe Fitting Insulation	60 lf	X			
Room 1006		X		Pipe Fitting Insulation	60 lf	X			
Room 1007		X		Pipe Fitting Insulation	234 lf	X			
Room 1008		X		Pipe Fitting Insulation	120 lf	X			
Room 1010		X		Pipe Fitting Insulation	60 lf	X			
Room 1011		X		Pipe Fitting Insulation	60 lf	X			
Room 1011A		X		Pipe Fitting Insulation	210 lf	X			
Room 1013		X		Pipe Fitting Insulation	168 lf	X			
Room 1014		X		Pipe Fitting Insulation	78 lf	X			
Room 1015		X		Pipe Fitting Insulation	30 lf	X			
Room 1016		X		Pipe Fitting Insulation	30 lf	X			
Room 1022		X		Pipe Insulation	16 lf	X			
Room 1023		X		Pipe Insulation	16 lf	X			
Room 1024		X		Pipe Insulation	16 lf	X			
Room 1025		X		Pipe Insulation	16 lf	X			
Room 1026		X		Pipe Insulation	20 lf	X			
Room 1027		X		Pipe Insulation	20 lf	X			
Room 1028		X		Pipe Insulation	20 lf	X			
Room 1029		X		Pipe Insulation	20 lf	X			
Room 1030		X		Pipe Insulation	20 lf	X			

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 ASBESTOS CONTROL & LICENSING

06/28/2012

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
Room 1030		X		Pipe Insulation	20 lf	X		
Room 1031		X		Pipe Insulation	20 lf	X		
Room 2002		X		Pipe Fitting Insulation	24 lf	X		
Room 2003		X		Pipe Fitting Insulation	12 lf	X		
Room 2004		X		Pipe Fitting Insulation	8 lf	X		
Room 2005		X		Pipe Fitting Insulation	8 lf	X		
Room 2006		X		Pipe Fitting Insulation	24 lf	X		
Room 2006A		X		Pipe Fitting Insulation	8 lf	X		
Room 2007		X		Pipe Fitting Insulation	8 lf	X		
Room 2008		X		Pipe Fitting Insulation	8 lf	X		
Room 2009		X		Pipe Fitting Insulation	8 lf	X		
Room 2012		X		Pipe Fitting Insulation	12 lf	X		
Room 2014		X		Pipe Fitting Insulation	12 lf	X		
Room 2016		X		Pipe Fitting Insulation	24 lf	X		
Room 2019		X		Pipe Fitting Insulation	12 lf	X		
Room 2020		X		Pipe Fitting Insulation	24 lf	X		
Room 2021		X		Pipe Fitting Insulation	24 lf	X		
Room 2022		X		Pipe Fitting Insulation	12 lf	X		
Room 2023		X		Pipe Fitting Insulation	8 lf	X		

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

Date of Notification (1) 8/3/12		Name of Building Owner/Operator (2) Jocelyn Rosada	
Agencies Notified	Type Notification	Street Address	RECEIVED 2012 AUG 13 PM 12:12 ASBESTOS CONTROL & LICENSING
<input type="checkbox"/>]EPA	<input checked="" type="checkbox"/>]Initial Notification	17 Beaumont Pl.	
<input type="checkbox"/>]DEP	<input type="checkbox"/>]Amended Notification	City, State, Zip Code Newark, NJ 07104	
<input checked="" type="checkbox"/>]DOL	<input type="checkbox"/>]EMERGENCY	Name of Contact	Telephone Number
<input type="checkbox"/>]DOH	<input type="checkbox"/>]Cancellation	Jocelyn Rosada	
<input type="checkbox"/>]DCA			

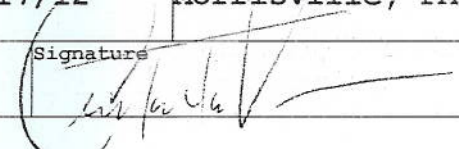
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4)	
Street Address 17 Beaumont Pl.		<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) Newark	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2000 # of Floors 2 Bldg. Age 70
Name of Monitoring Firm hired by Building Owner (8) N/A		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
Telephone Number N/A		License Number 00371	
Scheduled Start Date (10) 8/15/12	Sched. Completion Date (11) 8/16/12	Name of OSHA Monitor N/A	
Month Day Year 8 15 12	Month Day Year 8 16 12	Street Address	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/>]Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/>]Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»			
<input type="checkbox"/>]Other - Describe: «Other Occupancy Descript»			

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Basement			X	Pipe Insulation	25 LF	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 8/17/12	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/3/12