

CHECK #  
2369

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

RECEIVED

Date of Notification (1) 8/14/12		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 300 77 TH ST.		City, State, Zip Code SEA ISLE CITY, N.J.	
Name of Contact FRANK EDUARDO		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 8227 SOUND AVE		Square Feet	
City (5) SEA ISLE CITY		# of Floors	
County (6) CAPE MAY		Bldg Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 8/27/12		License No. 00444	
Scheduled Completion Date (11) 9/3/12		Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Abatement Type			
Location of Asbestos-Containing Material (ACM) IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 1500#	
Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	
Cubic Yards of Waste		Name of Registered Landfill C.M.C.M.U.A.	
City, State MAPLE SHADE, N.J.		Disposal Date	
City, State WOODBINE, N.J.			
Completed By JOSEPH KLEMM		Title V/P	
Signature Joseph Klemm		Date 8/14/12	

\* 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

Date of Notification (1) <b>08/14/2012</b>		Name of Building Owner/Operator (2) <b>IMRM</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>745 Atlantic Ave</b>	
		City, State, Zip Code <b>Boston MA 02111</b>	
		Name of Contact <b>Jim Procter</b>	Telephone Number <b>[REDACTED]</b>

2012 AUG 16 PM 2:34

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) <b>Iron Mountain</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>1179 Magnolia Ave</b>			Square Feet	# of Floors	Bldg. Age <b>30 plus</b>
City (5) <b>Elizabeth</b>			Current Use (Prior if being demolished) <b>Storage</b>		
County (6) <b>Union</b>		County Code (7) <b>(STATE USE ONLY)</b>	Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety</b>		
Street Address <b>318 12th St.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Atek Remediation Services LLC</b>		
City, State, Zip Code <b>Hammonton NJ 08037</b>		Telephone No. <b>609-704-8850</b>	Street Address <b>2723 Salmon St.</b>		License No. <b>01167</b>
Project Manager for Monitoring Firm <b>Jim Procter</b>		Telephone No. <b>215-970-7030</b>	City, State, Zip Code <b>Philadelphia pa 19134</b>		
Start Date (10) <b>08-07-12</b>		Scheduled Completion Date (11) <b>8-16-12</b>	Name of OSHA Monitor <b>Health &amp; Safety</b>		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>			Street Address <b>318 12th St.</b>		
			City, State, Zip Code <b>Hammonton nj 08037</b>		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 locations	x			plaster	4000sf		x		
firing range	x			pipe	50 Lf	x			
Basement Hallway				pipe	12lf	x			

Name of Registered Waste Hauler <b>waste management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>40cy</b>	Name of Registered Landfill <b>wm-Tullytown Landfill</b>	
City, State <b>Camden nj</b>		Disposal Date <b>08-14-12</b>	City, State <b>Tullytown PA</b>		
Completed by <b>Thomas Rock</b>	Title <b>PM</b>	Signature <i>Thomas Rock</i>		Date <b>8-14-12</b>	

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

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2012 AUG 16 PM 2:32  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) August 13, 2012		Name of Building Owner/Operator (2) Jack Green Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 313	
		City, State, Zip Code Ocean Grove, NJ 07756	
		Name of Contact Jack Green	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 91 Cookman Avenue			Square feet 1500 sf		
City Ocean Grove			# of Floors 2		
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 80		
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 8/14/12	Scheduled Completion Date (11) 8/15/12	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos debris on floor & pipes		X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 8/16/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 8/13/2012

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

State of New Jersey  
 Department of Environmental Protection  
 (Pursuant to NJAC 26:20 and 12:120)

RECEIVED

1 001 1 001 0 1 001

Date of Notification (1) 8-14-12 Name of Building Owner/Owner's Rep Jackson Board of Edu 2012 AUG 16 PM 2:30

Agency Notified:  EPA,  DEP,  DCL,  DOH,  DCA  
 Type Notification:  Initial,  Amended,  Emergency (including justification),  Cancellation  
 Street Address: 101 Don Connor Ave  
 City, State, Zip Code: Jackson NJ 08527  
 Name of Contact: MIKE Telephone Number: \_\_\_\_\_

**FACILITY INFORMATION**  
 Name of Facility Where Abatement is Taking Place (2) Jackson High School  
 Street Address: 101 Don Connor Blvd  
 City (3): Jackson  
 County (6): \_\_\_\_\_ County Code (7) (STATE USE ONLY): \_\_\_\_\_  
 Type of Facility (4):  School (K-12),  Subchapter 6 (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)  
 Square Feet: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Bldg. Age: \_\_\_\_\_  
 Current Use (Prior if being demolished): \_\_\_\_\_

Name of Monitoring Firm Hired by Building Owner (5) \_\_\_\_\_ ASCEM No. \_\_\_\_\_  
 Name of Abatement Contractor (8) Ami Joe LLC  
 Street Address: 1212 Burlington Ave  
 City, State, Zip Code: Delanco NJ 08075  
 Project Manager for Monitoring Firm: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Telephone No.: 856 8240771 License No.: 01070

Start Date (10): 8-24-12 Scheduled Completion Date (11): 9-10-12  
 Name of OSHA Monitor: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Occupancy Status During Abatement (Check only one):  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: \_\_\_\_\_

Scope of Work (Check all that apply):  
 <math>x \geq 9 \text{ f}</math> or <math>\geq 9 \text{ f}</math>  
 <math>x \geq 160 \text{ sf}</math> or <math>\geq 250 \text{ f}</math>  
 Renovation  
 Demolition  
 Full Containment with Negative Pressure  
 Mini-Enclosure  
 Spraying Procedure  
 Non-Standard (7) and Non-Finite Procedures

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Nominally 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	Partial	Encapsulate	Enclosure
<u>Be Home the State</u>				<u>(ACM) FLOOR TILE</u>	<u>1300sf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: J Robinson NJDEP Waste Hauler ID No.: 28387  
 City, State: Bellmawr NJ  
 Cubic Yards of Waste: 2 Name of Registered Landfill: Wal. of Pa  
 Disposal Date: \_\_\_\_\_ City, State: Philadelphia Pa  
 Completed by: JOE Hill Title: VP Signature: [Signature] Date: 8-14-12

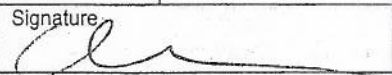
\* Do not use this form for asbestos licensed commercial activities.

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

Check # 8296  
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2012 AUG 16 PM 2:29  
LICENSING CONTROL

Date of Notification (1) <b>8-13-12</b>		Name of Building Owner/Operator (2) <b>MKJK LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1571 6th Street</b> City, State, Zip Code <b>Ewing NJ</b>						
	Name of Contact <b>Mikhail Kipnis</b>		Telephone Number <b>[REDACTED]</b>						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Warehouse</b> Street Address <b>1571 6th Street</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Ewing NJ</b>		Square Feet  # of Floors <b>1</b> Bldg. Age <b>50+</b>	County (6) <b>Mercer</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Tech</b>		ASCM No. <b>N/A</b>	Current Use (Prior if being demolished) <b>Warehouse</b>						
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies</b>							
City, State, Zip Code <b>New Egypt NJ 08533</b>		Street Address <b>P.O. Box 337</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>8-23-12</b>	Scheduled Completion Date (11) <b>9-9-12</b>	Name of OSHA Monitor <b>EPC Technologies</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Floor Tile Warehouse		X		Floor Tiles 9"x9"	1650 SF	X			
Roof Flat	X			Roofing Materials	7000 SF	X			
Name of Registered Waste Hauler <b>EPC Tech.</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>24</b>	Name of Registered Landfill <b>Waste Management</b>				
City, State <b>NE NJ</b>		Disposal Date <b>Various Dates</b>		City, State <b>Monroeville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>SS Schenker</b>		Date <b>8-13-12</b>			

*\* Emergency \** *\* Additional Room \**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120) *CR 2692*

Date of Notification (1) 8/7/12		Name of Building Owner/Operator (2) Camden City Board Of Ed							
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 checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 N Front Street City, State, Zip Code Camden NJ 08102 Name of Contact Steve Nicolelia Telephone Number [REDACTED]						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Whittier Elementary School								
	Street Address 740 Chestnut Street City (5) Camden NJ 08102 County (6) Camden		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.) Square Feet 1000+ # of Floors 1+ Bldg. Age 35+ 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) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 License No. 00727						
Start Date (10) 8/7/12		Scheduled Completion Date (11) <del>8/13/12</del> 8/20/12		Name of OSHA Monitor Pernaco Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: after 4 PM night work		Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
		Yes No N/A						Removal Repair Encapsulate Enclosure	
Classroom 3		x		Floor tile /mastic		1050 SF		x	
Classroom 7		x		Floor tile /mastic		1050 SF		x	
Classroom 29		x		Floor tile /mastic		1050 SF		x	
Room 6		x		Floor tile /mastic		1050 SF		x	
Name of Registered Waste Hauler A Greener Recycling		NJDEP Waste Hauler ID No. 29439		Cubic Yards of Waste 15		Name of Registered Landfill G.R.O.W.S			
City, State Hainesport NJ		Disposal Date 8/13/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 8/7/12			

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

Date of Notification (1)  
**8/13/12**

Name of Building Owner/Operator (2)  
**Adlai Bolden**

Agencies Notified | Type Notification

<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification
<input checked="" type="checkbox"/> DOH	
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY
	<input type="checkbox"/> Cancellation

Street Address  
**180 Chancellor Ave**

City, State, Zip Code  
**Newark, NJ 07112**

Name of Contact  
**Mary Bolden**

Telephone Number  
 [REDACTED]

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 2012 AUG 16 PM 2:52  
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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

Street Address  
**180 Chancellor Ave**

City (5)  
**Newark**

County (6)  
**Essex**

County Code (7)  
 (STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
**2200**

# of Floors  
**3**

Bldg. Age  
**65**

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)  
**N/A**

ASCM No.

Name of Abatement Contractor (9)  
**AZTECH MANAGEMENT, Inc.**

Street Address  
**86 Christopher St.**

City, State, Zip Code  
**Montclair, NJ 07042**

Project Manager for Monitoring Firm  
**N/A**

Telephone Number  
**N/A**

Telephone Number  
**(973) 744-8800**

License Number  
**00371**

Scheduled Start Date (10)  
**8/23/12**

Sched. Completion Date (11)  
**8/24/12**

Month Day Year | Month Day Year

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»

Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor  
**N/A**

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	E	E	
Basement			X	Pipe insulation	125 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.**

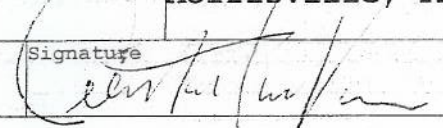
City, State  
**Montclair, NJ 07042**

Disposal Date

City, State  
**Morrisville, PA 19067**

Completed By (Print or Type)  
**Constantine Vivian**

Title  
**President**

Signature  


Date  
**8/13/12**

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

RECEIVED  
2012 AUG 16 PM 2:56  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/13/12 Ck: 2217 \$200		Name of Building Owner/Operator (2) Morris Union Jointure Commission Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 340 Central Avenue	
		City, State, Zip Code New Providence, New Jersey 07974	
		Name of Contact Eric Hammerdahl	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Morris Union Jointure Commission Developmental 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 340 Central Avenue		Square Feet 20,000	# of Floors 2	Bldg. Age 55+
City (5) New Providence, New Jersey 07974		Current Use (Prior if being demolished) Developmental Center		
County (6) Union	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue		
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424		
Project Manager for Monitoring Firm Mike Kruppa		Telephone No. 908-497-8900	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08/22/12	Scheduled Completion Date (11) 08/23/12	Name of OSHA Monitor J&S Environmental Labs LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, New Jersey 07083		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Closet	X			Clean-up of ACM	8 SF	X			
Woman's Bathroom		X		Elbows	3 Each.	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 08/24/12	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 08/13/12



CK  
3898

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1) <b>8-13-2012</b>		Name of Building Owner/Operator (2) <b>E. HAINES</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>87 GLENWOOD ROAD</b>	2012 AUG 16 PM 2:51	
		City, State, Zip Code <b>ENGLEWOOD, NJ 07631</b>		CONTROL
		Name of Contact <b>E. HAINES</b>		Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>E HAINES</b>		Type of Facility (4)	
Street Address <b>87 GLENWOOD ROAD</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>ENGLEWOOD</b>		Sq. Feet <b>2400</b>	# of Floors <b>2</b>
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Name of Abatement Contractor (9) <b>Best Removal Inc</b>		Current Use (Prior to being demolished) <b>RESIDENCE</b>	

Street Address <b>450 South River St</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>8-23-2012</b>	Scheduled Completion Date (11) <b>8-24-2012</b>	Name of OSHA Monitor <b>Omega Environmental Services</b>	

Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler St.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM 5 PM</b>		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> < 25 sf or 25 ft	<input type="checkbox"/> > 250 sf or > 200 ft	<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"/> Crawling Procedure	<input type="checkbox"/> Non-Encapsulated (*) and Non-Flexible Procedure

Location of Asbestos-Containing Material (ACM) IDENTIFIED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal cycling insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>BASMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>35 LF</b>	<b>X</b>		
<b>BASMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>48 SF</b>	<b>X</b>		

Name of Registered Waste Hauler <b>Best Removal Inc.</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 YD</b>	Name of Registered Landfill <b>Minerva Enterprises Inc</b>	
City, State <b>Hackensack, NJ</b>		Disposal Date <b>8-24-2012</b>	City, State <b>Waynesburg, OH.</b>		
Contractor <b>R. Veldran</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>8-13-2012</b>	

ck  
6/11/4

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 26:27 and 26:28)

DOL - TO DAY  
AUG 16 2:30  
SET FOR CONTROL  
WAIVER APPROVED

Date of Notification (1) August 13, 2012		Name of Building Owner/Operator (2) Bayonne Medical Center	
Agencies Notified <input checked="" type="checkbox"/> OPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 East 29th Street
	City, State, Zip Code Bayonne, New Jersey 07002		Name of Contact Nick Vorducel
		Telephone Number [Redacted]	

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 s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 29 East 29th Street			Square Feet 50,000	# of Floors 3	Bldg. Age 50+
City (5) Bayonne			Current Use (Prior if being demolished) Hospital Boiler Room		
County (6) Hudson		County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (6) Envirovision Consultants, Inc.		ASCM No.	Name of Abatement Contractor (6) SLAVCO CONSTRUCTION INC.		
Street Address 20-21 Wagaraw Road, Bldg #34A		Street Address 164 GETTY AVE.			
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802			
Project Manager for Monitoring Firm Willie Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724	

Start Date (10) August 20, 2012	Scheduled Completion Date (11) September 7th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.			
Occupancy Status during Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-5:30pm Monday - Friday		Street Address 164 GETTY AVE.			
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802			

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 of or ≥ 3 if	<input checked="" type="checkbox"/> ≥ 160 of or ≥ 260 if	<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 (C) and Non-Friable Procedure
-------------------------------------------	----------------------------------------------------------	------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------	---------------------------------------------	---------------------------------------------------------------------

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (15)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure	
Boiler Room			X	Boiler Rope	10SF	X				
Boiler Room		X	X	Boiler Door Gasket	53SF	X				
Boiler Room			X	Firebrick on Interior Side of Boiler	2000SF	X				
			X			X				

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by Vivian D. Jurcovic		Title Gen. Mgr.	Signature [Signature]		Date August 13, 2012

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

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

RECEIVED  
2012 AUG 16 PM 2:50  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) August 13, 2012		Name of Building Owner/Operator (2) Bayonne Medical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 29 East 29th Street	
		City, State, Zip Code Bayonne, New Jersey 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 50,000	# of Floors 3	Bldg. Age 50+
City (5) Bayonne	County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital Boiler Room	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc.		ASCM No. _____	Name of Abatement Contractor (9) SLAVCO CONSTRUCTION INC.	
Street Address 20-21 Wagaraw Road, Bldg.#34A		Street Address 164 GETTY AVE.		
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		
Project Manager for Monitoring Firm Willie Morales		Telephone No. 973-636-9145	Telephone No. 973-478-4848	License No. 00724
Start Date (10) August 20, 2012	Scheduled Completion Date (11) September 7th, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am-3:30pm Monday - Friday		Street Address 164 GETTY AVE.		
		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			x	Boiler Rope	10SF	x			
Boiler Room	<input checked="" type="checkbox"/>		x	Boiler Door Gasket	5SF	x			
Boiler Room			x	Firebrick on Interior Side of Boiler	2000SF	x			
			x			x			

Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste _____	Name of Registered Landfill G.R.O.W.S LANDFILL	
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA	
Completed by Vivian D. Jurcevic		Title Gen. Mgr.	Signature <i>Vivian D. Jurcevic</i>		Date August 13, 2012

No check

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

RECEIVED

Date of Notification (1) 07-27-2012		Page 1 of 2		Name of Building Owner/Operator (2) Ewing Township School District		2012 AUG 16 PM 2:38							
Agencies Notified		Type Notification		Street Address 2099 Pennington Road		ASBESTOS CONTROL & LICENSING							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Ewing, NJ 08618		Name of Contact Ryan Broadwater							
				Telephone Number									
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)									
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Ewing		Square Feet 22,500		# of Floors 2		Bldg. Age 75							
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academy									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC								
Street Address 120 North Warren Street			Street Address 47 S. Lippincott Ave										
City, State, Zip Code Trenton, N.J 08608			City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Monitoring Firm Ryan Broadwater			Telephone No. 609-392-4200		Telephone No. 856-755-0099		License No. 00842						
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Oct. 31, 2012		Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Westmont, New Jersey 08108									
Scope of Work (Check All That Apply)													
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
See page 2 for Additional ACM			Yes	No	N/A								
Multiple Offices					XX	Floor Tile and Mastic		2446 SF	X				
Boiler Room					XX	Breaching		25 SF	X				
Boiler Room					XX	Fire Brick		30 SF	X				
Boiler Room					XX	Fire Door		1@	X				
Name of Registered Waste Hauler Jack Robinson Waste			NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 30		Name of Registered Landfill Grows Landfill						
City, State Bellmawr, NJ			Disposal Date 8-21-2012		City, State Tullytown, PA								
Completed by William Lynch			Title Owner		Signature <i>William Lynch</i>			Date 07-27-2012					

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

RECEIVED

2012 AUG 16 PM 2:38

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 07-27-2012		Page 2 of 2		Name of Building Owner/Operator (2) Ewing Township School District							
Agencies Notified		Type Notification		Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road							
				City, State, Zip Code							
				Ewing, NJ 08618							
				Name of Contact							
				Ryan Broadwater							
				Telephone Number							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)							
Street Address				<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.)							
1331 Lower Ferry Road											
City (5) Ewing		Square Feet 22,500	# of Floors 2	Bldg. Age 75							
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academy							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 120 North Warren Street			Street Address 47 S. Lippincott Ave								
City, State, Zip Code Trenton, N.J 08608			City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	Telephone No. 856-755-0099	License No. 00842							
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Oct 31, 2012		Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)				Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				107 Haddon Ave							
				City, State, Zip Code Westmont, New Jersey 08108							
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
See page 1 for Additional ACM		Yes	No	N/A							
Interior and Exterior Windows				XX	Caulk		320 LF	X			
Throughout Exterior				XX	Clad Panels		204 SF	X			
Break Room				XX	Sink Mastic		6 SF	X			
Business Office and Board Room				XX	Wood paneling Mastic		TBD	X			
Name of Registered Waste Hauler Jack Robinson Waste			NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill						
City, State Bellmawr, NJ				Disposal Date 8-21-2012	City, State Tullytown, PA						
Completed by William Lynch			Title Owner	Signature <i>William J. Lynch</i>		Date 07-27-2012					

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

RECEIVED

Date of Notification (1) 07-25-2012		Page 1 of 2		Name of Building Owner/Operator (2) Ewing Township School District		2012 AUG 16 PM 2:38							
Agencies Notified		Type Notification		Street Address		ASBESTOS CONTROL & LICENSING							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2099 Pennington Road									
				City, State, Zip Code		Ewing, NJ 08618							
				Name of Contact		Telephone Number							
				Ryan Broadwater									
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)									
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Ewing		Square Feet 22,500		# of Floors 2		Bldg. Age 75							
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academy									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC								
Street Address 120 North Warren Street			Street Address 47 S. Lippincott Ave										
City, State, Zip Code Trenton, N.J 08608			City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200		Telephone No. 856-755-0099		License No. 00842							
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL									
Occupancy Status During Abatement (Check Only One)				Street Address									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				107 Haddon Ave									
				City, State, Zip Code Westmont, New Jersey 08108									
Scope of Work (Check All That Apply)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
See page 2 for Additional ACM			Yes	No	N/A								
Multiple Offices					XX	Floor Tile and Mastic		2446 SF	X				
Boiler Room					XX	Breeching		25 SF	X				
Boiler Room					XX	Fire Brick		30 SF	X				
Boiler Room					XX	Fire Door		1@	X				
Name of Registered Waste Hauler Jack Robinson Waste			NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 30		Name of Registered Landfill Grows Landfill						
City, State Bellmawr, NJ			Disposal Date 8-21-2012		City, State Tullytown, PA								
Completed by William Lynch			Title Owner		Signature <i>William Lynch</i>				Date 07-25-2012				

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

RECEIVED

2012 AUG 16 PM 2:39

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07-25-2012		Page 2 of 2		Name of Building Owner/Operator (2) Ewing Township School District								
Agencies Notified		Type Notification		Street Address 2099 Pennington Road								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Ewing, NJ 08618								
				Name of Contact Ryan Broadwater								
				Telephone Number								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)								
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Ewing		Square Feet 22,500		# of Floors 2	Bldg. Age 75							
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Academy								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC								
Street Address 120 North Warren Street			Street Address 47 S. Lippincott Ave									
City, State, Zip Code Trenton, N.J 08608			City, State, Zip Code Maple Shade, NJ 08052									
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200		Telephone No. 856-755-0099	License No. 00842							
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL								
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Westmont, New Jersey 08108								
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
								Removal	Repair	Encapsulate	Enclosure	
See page 1 for Additional ACM		Yes	No	N/A								
Interior and Exterior Windows				XX	Caulk		320 LF		X			
Throughout Exterior				XX	Clad Panels		204 SF		X			
Break Room				XX	Sink Mastic		6 SF		X			
Business Office and Board Room				XX	Wood paneling Mastic		TBD		X			
Name of Registered Waste Hauler Jack Robinson Waste			NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill							
City, State Bellmawr, NJ				Disposal Date 8-21-2012		City, State Tullytown, PA						
Completed by William Lynch			Title Owner		Signature <i>William Lynch</i>			Date 07-25-2012				

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

RECEIVED

2012 AUG 16 PM 2:39

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 07-03-2012		Page 1 of 2		Name of Building Owner/Operator (2) Ewing Township School District		Check # 4814			
Agencies Notified		Type Notification		Street Address 2099 Pennington Road		City, State, Zip Code Ewing, NJ 08618			
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	Name of Contact Ryan Broadwater		Telephone Number			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DOH	<input type="checkbox"/> Amendment #	<input type="checkbox"/> Emergency (including justification)						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy				Type of Facility (4)					
Street Address 1331 Lower Ferry Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Ewing		County Code (7) (STATE USE ONLY)		Square Feet 22,500		# of Floors 2	Bldg. Age 75		
County (6) Mercer		Current Use (Prior if being demolished) Academy							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 120 North Warren Street			Street Address 47 S. Lippincott Ave						
City, State, Zip Code Trenton, N.J 08608			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200		Telephone No. 856-755-0099		License No. 00842			
Start Date (10) July 16, 2012		Scheduled Completion Date (11) Aug. 21, 2012		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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 page 2 for Additional ACM			XX	Floor Tile and Mastic	2446 SF	X			
Multiple Offices			XX	Breeching	25 SF	X			
Boiler Room			XX	Fire Brick	30 SF	X			
Boiler Room			XX	Fire Door	1@	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Freehold, NJ		Disposal Date		City, State Tullytown, PA					
Completed by William Lynch		Title Owner		Signature <i>William Lynch</i>		Date 07-03-2012			



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

RECEIVED

2012 AUG 14  
 Check # 88146  
 PM 2:39

ASBESTOS CONTROL  
 & LICENSING

Date of Notification (1) 07-03-2012		Page 2 of 2		Name of Building Owner/Operator (2) Ewing Township School District	
Agencies Notified		Type Notification		Street Address 2099 Pennington Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	City, State, Zip Code Ewing, NJ 08618	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DOH	<input type="checkbox"/> Amendment # _____	<input type="checkbox"/> Emergency (including justification)	Name of Contact Ryan Broadwater	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Telephone Number / _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Ryan Administration Building-Frank O'Brien Academy			Type of Facility (4)		
Street Address 1331 Lower Ferry Road			<input checked="" type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Ewing			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	Square Feet 22,500	# of Floors 2
County (6) Mercer			County Code (7) (STATE USE ONLY) _____	Bldg. Age 75	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No. _____	Current Use (Prior if being demolished) Academy	

Street Address 120 North Warren Street		Street Address 47 S. Lippincott Ave	
City, State, Zip Code Trenton, N.J 08608		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	Telephone No. 856-755-0099
		License No. 00842	

Start Date (10) July 16, 2012	Scheduled Completion Date (11) Aug. 21, 2012	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)		Street Address 107 Haddon Ave	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Westmont, New Jersey 08108	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
See page 1 for Additional ACM										
Interior and Exterior Windows			XX	Caulk	320 LF	X				
Throughout Exterior			XX	Clad Panels	204 SF	X				
Break Room			XX	Sink Mastic	6 SF	X				
Business Office and Board Room			XX	Wood paneling Mastic	TBD	X				

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill Grows Landfill	
City, State Freehold, NJ		Disposal Date _____		City, State Tullytown, PA	
Completed by William Lynch		Title Owner	Signature <i>William Lynch</i>		Date 07-03-2012

NO CHECK

8/16/12: PROJECT COMPLETED RECEIVED

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

Check # 6799

Date of Notification (1) 7/11/12		Name of Building Owner/Operator (2) Diane Terhune		2012 AUG 16 PM 2: 37	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type of Notification [X] Initial Notification	Street Address 74 Old Chester Road		ASBESTOS CONTROL & LICENSING	
	[ ] Amended Notification	City, State, Zip Code Essex Fells, NJ 07021			
	[ ] Cancellation	Name of Contact Diane Terhune	Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (K-12) [X] Subchapter 8 (Other than K-12) [ ] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 74 Old Chester Road			Square Feet 3500	# of Floors 2	Bldg. Age ~50
City (5) Essex Fells	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family residence		
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address		Street Address 3 Lynn Court			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 973-709-0200	License Number 00852	
Scheduled Start Date (10) 7/30/12	Sched. Completion Date (11) 8/31/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [X] Other - Describe: partially vacated			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

[X] Renovation

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Attic and other areas			x	Blown-in insulation	3000 SF	x								

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 40	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/30/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 7/11/12

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

RECEIVED

Check # 6848

Date of Notification (1) 8/10/12		Name of Building Owner/Operator (2) Mercer County Community College		2012 AUG 16 PM 2:36	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification [x] emergency [ ] Cancellation	Street Address 1200 Old Trenton Road		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code West Windsor, NJ 08550			
		Name of Contact Fred Carella		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kearney Center			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 102 North Broad St.			Square Feet 20000	# of Floors 4	Bldg. Age ~65
City (5) Trenton	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		City, State, Zip Code East Brunswick, NJ 08816	Street Address 3 Lynn Court		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	City, State, Zip Code Lincoln Park, NJ 07035		License Number 00852
Scheduled Start Date (10) 8/13/12	Sched. Completion Date (11) 8/15/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC	Street Address 2333 Route 22W		
Occupancy Status During Abatement (Check only one) [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [x] Other - Describe: <u>partially vacant</u>		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Fourth floor		x		VAT and mastic	80 SF	x				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/17/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/10/12

**APPROVED**  
 NJ Dept. of Health & Senior Services  
 (signature)  
 Date: 8/10/12 Time: 2:30

State of New Jersey

RECEIVED

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

2012 AUG 16 PM 2:30 Check # 6848

Date of Notification (1) 8/10/12		Name of Building Owner/Operator (2) Mercer County Community College	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> emergency <input type="checkbox"/> Cancellation	Street Address 1200 Old Trenton Road	
		City, State, Zip Code West Windsor, NJ 08550	
		Name of Contact Fred Carella	Telephone Number [REDACTED]

ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Kearney 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 and commercial buildings, homes, etc.)		
Street Address 102 North Broad St.			Square Feet 20000	# of Floors 4	Bldg. Age ~65
City (5) Trenton	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) 8/13/12	Sched. Completion Date (11) 8/15/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: partially vacant			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No	N/A			R	R	E	E			
Fourth floor		x		VAT and mastic	80 SF	x						

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/17/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 8/10/12		

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

Check No. 20711

RECEIVED

Date of Notification (1) <b>August 13, 2012</b>		Name of Building Owner/Operator (2) <b>Emily Muhlhhausen</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>289 Main Ave</b>						
		City, State, Zip Code <b>Stirling, NJ 07980</b>						
		Name of Contact <b>Emily Muhlhhausen</b>	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Emily Muhlhhausen</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>289 Main Ave</b>		Square Feet <b>1600</b>	# of Floors <b>2</b>					
City (5) <b>Stirling, NJ 07980</b>		Bldg. Age <b>50 +/-</b>						
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EMSL Analytical, Inc.</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>						
Street Address <b>307 West 38th Street</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>New York, NY 10018-2913</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Scott Ross</b>	Telephone No. <b>856-858-4800 ext 2538</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>					
Start Date (10) <b>August 25, 2012</b>	Scheduled Completion Date (11) <b>August 31, 2012</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b>						
		City, State, Zip Code <b>Lyndhurst, NJ 07071</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			<input checked="" type="checkbox"/>	Thermal Systems Insulation	18 In ft	<input checked="" type="checkbox"/>		
Basement			<input checked="" type="checkbox"/>	Floor Tile	620 Sf	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12695</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>Clifton, NJ 07011</b>		Disposal Date <b>8/28/12</b>	City, State <b>Waynesburg, OH</b>					
Completed by <b>Aleksandar Kuridza</b>	Title <b>Vice - President</b>	Signature 			Date <b>8/13/2012</b>			

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

CK#4069 RECEIVED  
2012 AUG 16 PM 2:35  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-13-2012		Name of Building Owner/Operator (2) Township of Union								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1976 Morris Ave.								
		City, State, Zip Code Union, NJ 07083								
		Name of Contact Joe Giannetti	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Hoffman House Building # 3		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 28 Baptist Church Road		Square Feet	# of Floors							
City (5) Union		Bldg. Age 50+								
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House for Demolition								
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational Environmental Analysis Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Jadar Contracting, LLC							
Street Address 403 St. James Ave.		Street Address 22 Troy Lane								
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 856-768-8414	Telephone No. 973-706-7950							
		License No. 01088								
Start Date (10) 8-27-2012	Scheduled Completion Date (11) 9-17-2012	Name of OSHA Monitor Jadar Contracting, LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm		Street Address 22 Troy Lane								
		City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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	
Utility Room			X	Transite Board	375 SF	X				
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067							
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>				Date 8-13-2012			

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

REC'D #4068

2012 AUG 16 PM 2:26

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-13-2012		Name of Building Owner/Operator (2) Township of Union	
Agencies Notified	Type Notification	Street Address 1976 Morris Ave.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Joe Giannetti	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Hoffman House		Type of Facility (4)	
Street Address 28 Baptist Church Road		<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) Union	Square Feet	# of Floors	Bldg. Age 50+
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House for Demolition	

Name of Monitoring Firm Hired by Building Owner (8) RK Occupational Environmental Analysis Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Jadar Contracting, LLC	
Street Address 403 St. James Ave.		Street Address 22 Troy Lane		
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 856-768-8414	Telephone No. 973-706-7950	License No. 01088

Start Date (10) 8-27-2012	Scheduled Completion Date (11) 9-17-2012	Name of OSHA Monitor Jadar Contracting, LLC	
------------------------------	---------------------------------------------	------------------------------------------------	--

Occupancy Status During Abatement (Check Only One)	Street Address 22 Troy Lane
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm	City, State, Zip Code Lincoln Park, NJ 07035

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 checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Pipe Insulation	325 LF	X			
Basement			X	Transite Board	2650 SF	X			
Attic, 2nd Fl. Chase			X	Transite Flue Pipe	120 SF	X			
Exterior			X	Window Glazing	100 LF	X			

Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067		
Completed by Lillie Lazarevich	Title Secretary	Signature <i>Lillie Lazarevich</i>		Date 8-13-2012	

CK  
3899

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

RECEIVED  
2012 AUG 16 PM 2:23  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) 8-13-12		Name of Building Owner/Operator (2) J+R REALTY LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DCH <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 5209 BERGENLINE AVE	
		City, State, Zip Code WEST NEW YORK, NJ 07039	
		Name of Contact H. SACHANDAVI	

Name of Facility Where Abatement is Taking Place (3) J+R REALTY LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5209 BERGENLINE AVE		Square Feet 9000	# of Floors 3
City (5) WEST NEW YORK		Blkg. Age 87 yes	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior To being demolished)	

Name of Monitoring Firm (8) (not by Building Owner (3))		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St		
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388	

Start Date (10) 8-27-12	Scheduled Completion Date (11) 8-28-12	Name of OSHA Monitor Omega Environmental Services	
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: 8 AM 5 PM		Street Address 280 Huyler St.	
		City, State, Zip Code South Hackensack, N.J. 07606	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> 25' or 25 ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2100' or 2200 ft	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Cleaning Procedure
		<input type="checkbox"/> Non-Encapsulated (*) and Non-Flexible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Restrict	
BASAMENT			X	THERMAL INSULATION	75 LF	X				

Name of Registered Waste Hauler Best Removal Inc.		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises Inc	
City, State Hackensack, NJ		Disposal Date 8-28-12		City, State Waynesburg, OH	
Contractor R. Veldran		Title Estimator	Signature R. Veldran		Date 8-13-12



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

RECEIVED

No check

Date of Notification (1) <u>8</u> / <u>3</u> / <u>12</u>		Name of Building Owner/Operator (2) EWING TOWNSHIP BOARD OF EDUCATION 6 PM 2:22								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-8-10-12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2099 PENNINGTON ROAD ASBESTOS CONTROL & LICENSING								
		City, State, Zip Code EWING, NJ 08618-1107								
		Name of Contact MILTON SHAW	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) FRANCIS LORE ELEMENTARY SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 13 WESTWOOD DRIVE		Square Feet	# of Floors							
City (5) EWING, NJ 08628		Bldg. Age								
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) EDUCATIONAL FACILITY								
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 120 NORTH WARREN STREET		Street Address 1123 BEAVER STREET								
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm BRIAN HOLBIG	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509							
Start Date (10) <u>8</u> / <u>6</u> / <u>12</u>	Scheduled Completion Date (11) <u>8</u> / <u>13</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address 1123 BEAVER STREET								
		City, State, Zip Code BRISTOL, PA 19007								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >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	
ROOMS 12 & 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE & MASTIC	1200 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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL						
City, State BRISTOL, PA		Disposal Date 8/10/12	City, State WAYNESBURG, OH							
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>				Date 8/10/12			

APPROVED: FRANK MEYER, NJDOL  
CINDY MITCHELL, NJDOH  
8/3/12 CR#2331

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

2012 AUG 16 PM 2:23

Date of Notification (1) <u>8</u> / <u>3</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>EWING TOWNSHIP BOARD OF EDUCATION</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2099 PENNINGTON ROAD</b>	
		City, State, Zip Code <b>EWING, NJ 08618-1107</b>	
		Name of Contact <b>MILTON SHAW</b>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>FRANCIS LORE ELEMENTARY SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>13 WESTWOOD DRIVE</b>		Square Feet	# of Floors
City (5) <b>EWING, NJ 08628</b>		Bldg. Age	
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>EDUCATIONAL FACILITY</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL CONNECTION INC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>120 NORTH WARREN STREET</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>TRENTON, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>BRIAN HOLBIG</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <u>8</u> / <u>6</u> / <u>12</u>	Scheduled Completion Date (11) <u>8</u> / <u>10</u> / <u>12</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / _____ PM-_____ AM		Street Address <b>1123 BEAVER STREET</b>		
		City, State, Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
ROOMS 12 & 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE & MASTIC	1200 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 <b>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>BRISTOL, PA</b>		Disposal Date <b>8/10/12</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>BRIAN SCAFIRO</b>	Title <b>ESTIMATOR</b>	Signature <i>Brian Scafiro</i>	Date <b>8/3/12</b>		

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:68 and 17:27)

CR#  
 158 RECEIVED  
 2012 AUG 16 PM 2:22  
 ASBESTOS CONTROL  
 & LICENSING

Date of Notification (1) <b>8/3/12</b>	Name of Building Owner/Operator (2) <b>Joe EGAN</b>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation
Street Address <b>13 SCOFFERSON AVE</b>	City, State, Zip Code <b>NEW BRUNSWICK NJ 08901</b>
Name of Contact <b>LORETTA</b>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Joe EGAN</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address <b>50 BARTLETT ST</b>	Square Feet <b>1800</b>
City (5) <b>NEW BRUNSWICK</b>	# of Floors <b>1</b>
County (6) <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8)	Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>
Street Address	Street Address <b>95 MONTROSE RD</b>
City, State, Zip Code	City, State, Zip Code <b>COLTS NECK NJ 07722</b>
Project Manager for Monitoring Firm	Telephone No. <b>732-744-1757</b>
Telephone No.	License No. <b>00029</b>

Start Date (10) <b>8-29-12</b>	Scheduled Completion Date (11) <b>9-1-12</b>	Name of OSHA Monitor <b>ACE INSULATION CO Inc</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am-7am</b>		Street Address <b>95 MONTROSE RD</b>
		City, State, Zip Code <b>COLTS NECK NJ 07722</b>

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full-Enclosure
		<input type="checkbox"/> Grab Bag 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	Enclose	
				ROOF FLASHING	300 SF					✓
				LINOLEUM	130 SF					✓

Name of Registered Waste Hauler <b>ACE INSULATION CO</b>	NIJEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>CHRIS LANDFILL</b>
City, State <b>COLTS NECK NJ 07722</b>	Disposal Date <b>9-1-12</b>	City, State <b>BOSTON PA</b>	
Completed By <b>JACK GRALL</b>	Title <b>OPS MGR</b>	Signature <b>JACK GRALL</b>	Date <b>8/13/12</b>

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

CR #  
 REISSUED  
 2012 AUG 16 PM 2:22

State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to N.J.A.C. 8:26 and 12:120)

ASBESTOS CONTROL & LICENSING

Date of Notification (1) \_\_\_\_\_

Name of Building Owner/Operator (2)  
**PHILIP ALTO BELLI**

Street Address  
**706 MAGIE AVE**

City, State, Zip Code  
**ELIZABETH NJ 07208**

Name of Contact  
**PHIL**

Telephone Number  
 \_\_\_\_\_

Agencies Notified  
 EPA  
 NJ DEP  
 DOH  
 DCA

Type of Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
**PHILIP ALTO BELLI**

Street Address  
**706 MAGIE AVE**

City (5)  
**ELIZABETH NJ**

County (6)  
**UNION**

County Code (7) (STATE USE ONLY)  
 \_\_\_\_\_

Type of Facility (4)  
 School (K-12)  
 Singleplex 8 (Other than K-12)  
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet  
**1800**

# of Floors  
**2**

Bldg. Age  
**80**

Current Use (Prior to being demolished)  
**HOUSE**

Name of Monitoring Firm Hired by Building Owner (8)  
 \_\_\_\_\_

Street Address  
 \_\_\_\_\_

City, State, Zip Code  
 \_\_\_\_\_

ASCM No.  
 \_\_\_\_\_

Name of Abatement Contractor (9)  
**ACE INSULATION CO INC**

Street Address  
**95 MONTROSE RD**

City, State, Zip Code  
**COLTS NECK NJ 07722**

Telephone No.  
**732 294 1757**

License No.  
**000294**

Start Date (10)  
**8-27-12**

Scheduled Completion Date (11)  
**9-11-12**

Occupancy Status During Abatement (Check only one)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: **7am - 7pm**

Name of OSHA Monitor  
**ACE INSULATION CO INC**

Street Address  
**95 MONTROSE RD**

City, State, Zip Code  
**COLTS NECK NJ 07722**

Scope of Work (Check all that apply)  
  $\geq 3$  sf or  $\geq 3$  ft  
  $\geq 160$  sf or  $\geq 260$  ft

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Hot Enclosure  
 Glovebag Procedure  
 Non-Exempted (\*) and Non-Frangible 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			20	21	22	23	24				
BASMENT				PIPE	15 LF									

Name of Registered Waste Hauler  
**ACE INSULATION CO INC**

City, State  
**COLTS NECK NJ 07722**

NJDEP Waste Hauler ID No.  
**17-056**

Cubic Yards of Waste  
 \_\_\_\_\_

Disposal Date  
 \_\_\_\_\_

Name of Registered Landfill  
**EESE**

City, State  
**BETHLEHEM PA**

Completed by  
**Jack Grate**

Title  
**OPS MGR**

Signature  
**Jack Grate**

Date  
 \_\_\_\_\_