

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-152C

Check # 6065

Date of Notification (1) <u>08/16/13</u>		Name of Building Owner/Operator (2) <u>College Avenue Redevelopment Associates LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification	
		<input checked="" type="checkbox"/> Initial	
		<input type="checkbox"/> Amendment	
		<input type="checkbox"/> On hold	
		<input type="checkbox"/> Cancellation	
Street Address <u>120 Albany Street</u>		City, State, Zip Code <u>New Brunswick, NJ 08901</u>	
Name of Contact <u>David Christiansen</u>		Telephone Number <u></u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Vacant Building</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>3 Seminary Avenue</u>			Square Feet	# of Floors
City (5) <u>New Brunswick, NJ 08901</u>			Bldg. Age	
County (6) <u>Middlesex</u>		County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>The Louis Berger Group, Inc.</u>		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>412 Mount Kemble Avenue</u>		Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Morristown, NJ 07960</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>Craig Napolitano</u>		Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Phone Number <u>973-407-1000</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Scheduled Start Date (10) <u>08/26/2013</u>		Sched. Completion Date (11) <u>09/07/2013</u>		
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Street Address <u>105 Ryerson Road</u>				
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>				

Scope of Work (check all that apply)

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
behind walls 1st & 2nd floors			X	pipe insul. assoc w/mudded joints	200 lf	X			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>5 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>08/26/13 - 09/07/13</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>08/16/2013</u>

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-152A

Check # 6063

Date of Notification (1) <u>08/16/13</u>		Name of Building Owner/Operator (2) <u>College Avenue Redevelopment Associates LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> On hold <input type="checkbox"/> Cancellation	
Street Address <u>120 Albany Street</u>		City, State, Zip Code <u>New Brunswick, NJ 08901</u>	
Name of Contact <u>David Christiansen</u>		Telephone Number <u></u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Vacant Building</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>564 George Street</u>			Square Feet <u></u>		
City (5) <u>New Brunswick, NJ 08901</u>			# of Floors <u></u>		
County (6) <u>Middlesex</u>			Bldg. Age <u></u>		
County Code (7) (State use only) <u></u>			Current Use (Prior if being demolished) <u>residential housing</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>The Louis Berger Group, Inc.</u>			ASCM No. <u></u>		
Street Address <u>412 Mount Kemble Avenue</u>			Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
City, State, Zip Code <u>Morristown, NJ 07960</u>			Street Address <u>105 Ryerson Road</u>		
Project Manager for Monitoring Firm <u>Craig Napolitano</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Phone Number <u>973-407-1000</u>			Telephone Number <u>(973)696-6869</u>		
Scheduled Start Date (10) <u>08/26/2013</u>			License Number <u>00378</u>		
Sched. Completion Date (11) <u>09/07/2013</u>			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>LincolnPark, NJ 07035</u>		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Bsmnt under concrete slab			<input checked="" type="checkbox"/>	tar sheeting/water proofing	5,512 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bsmnt under concrete slab				seam sealant	300 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on Terra Cotta						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>40 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>08/26/13 - 09/07/13</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/16/2013</u>

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2013-152B

Check # 6064

2013 AUG 20 AM 10:51

Date of Notification (1)
08/16/13

Name of Building Owner/Operator (2)
College Avenue Redevelopment Associates LLC

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
☐ On hold
☐ Cancellation

Street Address
120 Albany Street

City, State, Zip Code
New Brunswick, NJ 08901

Name of Contact
David Christiansen

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Vacant Building

Street Address
1 Seminary Avenue

City (5)
New Brunswick, NJ 08901

County (6)
Middlesex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential housing

Name of Monitoring Firm Hired by Bldg. Owner (8)
The Louis Berger Group, Inc.

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address
412 Mount Kemble Avenue

City, State, Zip Code
Morristown, NJ 07960

Project Manager for Monitoring Firm
Craig Napolitano

Phone Number
973-407-1000

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
08/26/2013

Sched. Completion Date (11)
09/07/2013

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Scope of Work (check all that apply)

☒ Demolition ☐ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
behind walls 1st & 2nd floors			<input checked="" type="checkbox"/>	pipe insul. assoc w/mudded joints	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
08/26/13 - 09/07/13

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Gordana Luna

Date
08/16/2013

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

2013 CLK# 1841

Date of Notification (1) 08/12/2013		Name of Building Owner/Operator (2) Brandywine Senior Living LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 525 Fellowship Road, Suite 360							
		City, State, Zip Code Mount Laurel, NJ 08054							
		Name of Contact Steve Heaney							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Haddonfield Senior Living Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 132 Warwick Road		Square Feet 25000	# of Floors 2						
City (5) Haddonfield		Bldg. Age 60+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8) Saban Engineering Group		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC						
Street Address 171 Windsor Street, Suite 210		Street Address 145 Mill Street							
City, State, Zip Code Kearny, NJ 07032		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm Stephen Pharai	Telephone No. 212-372-0338	Telephone No. 973-553-5374	License No. 01108						
Start Date (10) 08/26/2013	Scheduled Completion Date (11) 10/15/2013	Name of OSHA Monitor Valiant Associates, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street							
		City, State, Zip Code Paterson, NJ 07501							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Weigle Trucking Company		NJDEP Waste Hauler ID No. 17634	Cubic Yards of Waste 60	Name of Registered Landfill Minerva Landfill					
City, State 274 Reynolds Road, Linden, PA 17744		Disposal Date 10/15/2013		City, State Waynesburg, OH 44688					
Completed By Miodrag Stamenovic		Title Project Manager		Signature <i>Miodrag Stamenovic</i>		Date 08/12/2013			

List of Asbestos Containing Materials to be Removed from the Following Location :

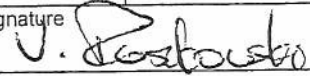
Note : Is location normally used by maintenance/custodial : N/A

Haddonfield Senior Living Center
132 Warwick Road
Haddonfield, NJ

Location of ACM to abated in facility	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
North Crawl Space	Pipe Insulation	650 LF
South Crawl Space	Pipe Insulation	800 LF
Attic	Pipe Insulation	475 LF
Above Ceiling and Chases	Pipe Insulation	500 LF
1st and 2nd floors	Floor tiles	3,675 SF
Basement Area	Floor tiles	550 SF

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

CK# 4503

Date of Notification (1) 08/15/2013		Name of Building Owner/Operator (2) Wall Township BOE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1620 18th Street							
		City, State, Zip Code Wall, NJ 07719							
		Name of Contact Paul Guarneri	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wall Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1630 18th Street		Square Feet	# of Floors						
City (5) Wall		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No. 00120	Name of Abatement Contractor (9) VMC Company, Inc						
Street Address 280 Huyler Street		Street Address 208 Piaget Ave.							
City, State, Zip Code Hackensack, NJ		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 973-253-8828	License No. 00704						
Start Date (10) 08/26/2013	Scheduled Completion Date (11) 08/29/2013	Name of OSHA Monitor VMC Co. 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: <u>occupied</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Water Tank Insulation	240 SF	x			
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfield					
City, State Freehold, NJ			Disposal Date 08/29/13	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature 	Date 08/15/2013					

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

CK # 4502

Date of Notification (1) 08/14/2013		Name of Building Owner/Operator (2) TOMS RIVER B.O.E.					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1144 HOOPER AVE.					
		City, State, Zip Code TOMS RIVER, NJ 08753					
		Name of Contact JULE RAICHE	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) SILVER BAY ELEM. SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 100 SILVER BAY RD.		Square Feet	# of Floors				
City (5) TOMS RIVER		Bldg. Age					
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL					
Name of Monitoring Firm Hired by Building Owner (8) OXFORD ENGINEERING	ASCM No.	Name of Abatement Contractor (9) VMC COMPANY, INC					
Street Address 336 POINT STREET		Street Address 208 PIAGET AVE					
City, State, Zip Code CAMDEN, NJ 08102		City, State, Zip Code CLIFTON, NJ 07011					
Project Manager for Monitoring Firm WAYNE MORAN	Telephone No. 856-541-0000	Telephone No. (973) 253-8828	License No. 00704				
Start Date (10) 08/23/2013	Scheduled Completion Date (11) 08/23/2013	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 47 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
EXTERIOR	X	BOILER DOOR INS.					
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS			
City, State NEWARK, NJ		Disposal Date	City, State MORRISVILLE, PA				
Completed By VOYTEK BOSKOWSKI	Title PRESIDENT	Signature V. Boskowski	Date 08/14/13				

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

OK # 3336

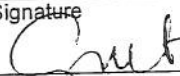
Date of Notification (1) 08/14/2013		Name of Building Owner/Operator (2) Madison Area YMCA							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 Kings Road							
		City, State, Zip Code Madison, NJ 07940							
		Name of Contact Robert H.Conley							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Madison YMCA		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 111 Kings Road		Square Feet	# of Floors						
City (5) Madison		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 20-21 Wagaraw Rd.		Street Address 235 Watchung Ave							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm William Morales		Telephone No. 973-636-9145	Telephone No. 973-243-9872						
Start Date (10) 08/14/2013		Scheduled Completion Date (11) 08/15/2013	License No. 01171						
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:		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Locker room-basement area			x	pipe insulation-glove bag	8lf	x			
Locker room-basement area			x	pipe insulation-wrap & cut	20lf	x			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange, NJ		Disposal Date		City, State Morgantown PA					
Completed by Slawomir Kielczewski		Title President	Signature <i>Kielczewski</i>			Date 08/14/2013			

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


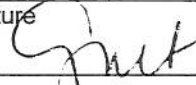
CK # 33107

Date of Notification (1) 08/15/2013		Name of Building Owner/Operator (2) Mandelbaum & Krupnick LLC							
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 80 Main Street #510							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former A&P Supermarket Space		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 598 Central Avenue		Square Feet	# of Floors						
City (5) New Providence		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 140 Boulevard		Street Address 235 Watchung Ave							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-243-9872						
License No. 01171									
Start Date (10) 08/26/2013	Scheduled Completion Date (11) 09/06/2013	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
ground level-main room			x	floor tile & mastic	13500sf	x			
mezzanine			x	pipe insulation	250lf	x			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ 07052			Disposal Date	City, State Morgantown NJ					
Completed by Slawomir Kielczewski		Title President	Signature <i>Slawomir Kielczewski</i>			Date 08/15/2013			

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

Date of Notification (1) 8 / 15 / 13		Name of Building Owner/Operator (2) Monmouth County Purchasing 2013 / 1305-4647 Check #5429							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Hall of Records Annex, 1 East Main Street 3rd Floor							
		City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Jon Moren	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridge S-17		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 3 Rector Place		Square Feet	# of Floors Bldg. Age						
City (5) Red Bank									
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Ryan Broadwater	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 26 / 13	Scheduled Completion Date (11) 8 / 28 / 13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 108 Haddon Ave.							
		City, State, Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 8	Name of Registered Landfill T.R.R.F. Landfill						
City, State Lumberton, NJ		Disposal Date 8/28/13	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 				Date 8/15/13			

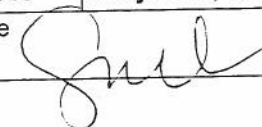
State of New Jersey 1308-4683 Check #5504
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8/16/13		Name of Building Owner / Operator (2) Kennedy Health Facilities	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2 Regulus Drive City, State & Zip Code Turnersville, NJ 08012 Name of Contact George Lodish	
		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 18 East Laurel Rd.		Square Feet	# of Floors
City (5) Stratford	County (6) Camden	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	
Street Address 3370 Progress Drive		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Bensalem, PA 19020		Street Address PO Box 25	
Project Manager for Monitoring Firm Michael Panepresso		City, State & Zip Code Lumberton, NJ 08048	License Number 00529
Scheduled Start Date (10) 8/26/13	Scheduled Completion Date (11) 8/30/13	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 6 PM – 2AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Same Day Surgery Hallway/Restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Asbestos Fireproofing	150 SF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 4
City, State Lumberton, NJ		Name of Registered Landfill TRRF Landfill	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 
		Date 8/16/13	

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

1307-4676
Check #5502

No Check

Date of Notification (1) 8/15/13		Name of Building Owner / Operator (2) Robert Wood Johnson Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Robert Wood Johnson Place							
		City, State & Zip Code New Brunswick, NJ 08901							
		Name of Contact Jim Magnatta							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address One Robert Wood Johnson Place		Square Feet	# of Floors Bldg. Age						
City (5) New Brunswick	County (6) Middlesex	County Code (7)							
Current Use (Prior if being demolished) Hospital									
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.							
Street Address 280 Huyler Street		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code South Hackensack, NJ 07606		Street Address PO Box 25							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8700	License Number 00529						
Scheduled Start Date (10) 8/9/13	Scheduled Completion Date (11) 8/18/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Working Fri 11PM, Sat & possibly Sunday <input type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 900 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile, Linoleum & Mastic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill						
City, State Lumberton, NJ		Disposal Date 8/18/13	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 					Date 8/15/13	

D&S Proj. #: 2013-13-298

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

OK # 005210

Date of Notification (1) 10/8/15		Name of Building Owner/Operator (2) St. Mary's of the Lake	
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 43 Madison Avenue		City, State, Zip Code Lakewood, NJ	
Name of Contact Joseph Cahill		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Joseph Cahill Street Address 43 Madison Avenue City (5) Lakewood County (6) MONMOUTH County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 08/29/13 Sched. Completion Date (11) 09/12/13 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)
☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure



Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	80 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	800 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/30/13	City, State TULLYTOWN, PA	Date 08/14/13
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

Do not use this form for asbestos licensure exempted activities.

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

No Check


Date of Notification (1) 8/12/2013			10 DAY NOTIFICATION WAIVED BY DOL			Name of Building Owner/Operator (2) City of Atlantic City			
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA			Notification Type () Initial Notification (X) Amended Notification No. 1 () Cancelled			Street Address 1301 Bacharach Blvd			
						City, State, Zip Code Atlantic City, NJ 08401			
						Name of Contact Wally Shields (Atlantic City Dept of Bldgs)		Phone 	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building						Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
Street Address 3827 Boardwalk						Sq. Feet 80,000 SF No. of Floors: 5			
City (5) Atlantic City		County (6) Atlantic		County Code (7) (State Use Only)		Bldg. Age 80 yrs Current Use (prior if being demolished) Vacant (Prior use: Apartments)			
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services				ASCM No. 00117		Name of Contractor (9) Superior Abatement, Inc.			
Street Address 318 12th Street				Street Address 2 Henderson Drive, Ste A					
City, State, Zip Code Hammonton, NJ 08037				City State, Zip Code West Caldwell, NJ 07006					
Project Manager for Monitoring Firm Jim Proctor		Telephone Number (609) 704-8850		Telephone Number (973) 808-1616		License Number 00411			
Scheduled Start Date (10) 7/18/2013		Scheduled Completion Date (11) 8/30/2013		Name of OSHA Monitor Superior Abatement, Inc.					
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours – (X) Other – Describe: : Unsafe Vacant Building – Entire Structure is being disposed as asbestos containing Material..				Street Address 2 Henderson Drive, Ste. A					
				City, State, Zip Code West Caldwell, NJ 07006					
Source of Work (Check all that apply) (X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.									
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)		Abatement Type Rem. Rep. Encap Enclose	
Basement		X		Debris		10,800 CF		X	
Basement		X		Pipe Insulation		500 LF		X	
Throughout		X		Pipe Fittings		128 EA		X	
Kitchens/Bathrooms		X		Flooring		2,900 SF		X	
Kitchen		X		Pipe Insulation		10 LF		X	
Roof		X		Roofing		6,500 SF		X	
Roof		X		Roof Flashing		430 LF		X	
Roof Access Stairway		X		Siding		600 SF		X	
Attic		X		Loop Insulation		500 LF		X	
Name of Reg. Waste Hauler R&D Debris, LLC		NJDEP Waste Hauler ID # NJDEP 29439		Cubic Yards of Waste 7500		Name of Reg. Landfill Atlantic County Utilities Authority			
City, State Hainesport, NJ				Disp. Date TBD		City, State Egg Harbor Twp., NJ			
Completed by (Print or Type) Nick Petrovski		Title President		Signature 		Date 08/12/2013			

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Amendment No. 1: Change to Completion Date from 8/16/2013 to 8/30/2013.

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

No Check

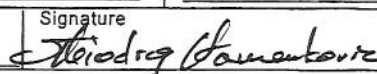
Date of Notification (1) 8/12/2013			Name of Building Owner/Operator (2) City of Atlantic City		
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA			Notification Type () Initial Notification (X) Amended Notification # 1 () Cancelled		
10 DAY NOTIFICATION WAIVED BY DOL			Street Address 1301 Bacharach Blvd		
			City, State, Zip Code Atlantic City, NJ 08401		
			Name of Contact Wally Shields (Atlantic City Dept of Bldgs)		Phone
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Apartment Building			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 3825 Boardwalk			Sq. Feet 80,000 SF No. of Floors: 5		
City (5) Atlantic City	County (6) Atlantic	County Code (7) (State Use Only)	Bldg. Age 80 yrs Current Use (prior if being demolished) Vacant (Prior use: Apartments)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Health & Safety Services			ASCM No. 00117		Name of Contractor (9) Superior Abatement, Inc.
Street Address 318 12th Street			Street Address 2 Henderson Drive, Ste A		
City, State, Zip Code Hammonton, NJ 08037			City State, Zip Code West Caldwell, NJ 07006		
Project Manager for Monitoring Firm Jim Proctor		Telephone Number (609) 704-8850	Telephone Number (973) 808-1616		License Number 00411
Scheduled Start Date (10) 7/18/2013		Scheduled Completion Date (11) 8/30/2013		Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours – (X) Other – Describe: Unsafe Vacant Building – Entire Structure is being disposed as asbestos containing Material.			Street Address 2 Henderson Drive, Ste. A		
			City, State, Zip Code West Caldwell, NJ 07006		
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Basement	X	Debris	11,500 CF	X	
Basement	X	Pipe Insulation	500 LF	X	
Basement	X	Pipe Fittings	128 EA	X	
Basement	X	Sheetrock Wall Compound	5,000 SF		
Kitchens/Bathrooms	X	Flooring	2,900 SF	X	
Throughout	X	Plaster Base Coat	80,000 SF	X	
Roof	X	Roof Flashing	430 LF	X	
Roof Access Stairway	X	Siding	600 SF	X	
Stairwell	X	Texture Paint	2,000 SF	X	
Attic	X	Loop Insulation	500 LF		
Name of Reg. Waste Hauler R&D Debris, LLC		NJDEP Waste Hauler ID # NJDEP 29439	Cubic Yards of Waste 7500	Name of Reg. Landfill Authority Atlantic County Utilities	
City, State Hainesport, NJ			Disp. Date Daily	City, State Egg Harbor Twp., NJ	
Completed by (Print or Type) Nick Petrovski		Title President	Signature 		Date 08/12/2013

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Amendment No: 1 Change to Completion Date from 8/16/2013 to 8/30/13.

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

CK # 1844

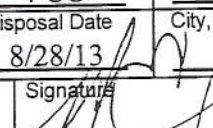
Date of Notification (1) 08/14/2013		Name of Building Owner/Operator (2) Gabrellian Associates	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 95 N State Route 17 Suite 100
			City, State, Zip Code Paramus, NJ 07652
			Name of Contact Ciel Adair
Telephone Number _____			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CVS Pharmacy		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address Route 17 & Franklin Tpk			
City (5) Ramsey		Square Feet 4000 SF	# of Floors 1
County (6) Bergen county		County Code (7) (STATE USE ONLY)	Bldg. Age 70+
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Valiant Associates, LLC	
Street Address		Street Address 145 Mill Street	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm		Telephone No. 973-553-5374	License No. 01108
Start Date (10) 08/24/2013	Scheduled Completion Date (11) 08/25/2013	Name of OSHA Monitor Valiant Associates, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 145 Mill Street	
		City, State, Zip Code Paterson, NJ 07501	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Rest Room area		X	12" X 12" Floor tiles / Associated Masitic
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE		Disposal Date 08/25/2013	City, State Waynesburgh, OH
Completed By Miodrag Stamenovic	Title Project Manager	Signature 	Date 08/14/2013

ASB41

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CK# 25262

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

Date of Notification (1) <u>8/15/13</u>		Name of Building Owner/Operator (2) <u>Ted Sheppard</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>12 N. Greenwood Ave.</u>						
		City, State, Zip Code <u>Hopewell, NJ 08525</u>						
		Name of Contact <u>Ted Sheppard</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>12 N. Greenwood Ave.</u>		Square Feet <u>3500</u>	# of Floors <u>2</u>					
City (5) <u>Hopewell, NJ</u>		Bldg. Age <u>100</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>8/26/13</u>	Scheduled Completion Date (11) <u>8/28/13</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>150 lf</u>	<input checked="" type="checkbox"/>			
<u>Crawlspace</u>			<u>Thermal Pipe Insulation</u>	<u>100 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>8/28/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 	Date <u>8/15/13</u>				

08/12/2013 19:49 18459872271

VALIANT DEVELOPMENTS

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

DOL - 10 DAY

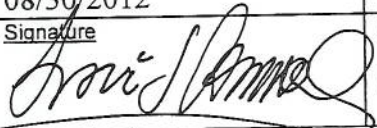
Date of Notification (1) 08/12/2013		Name of Building Owner/Operator (2) Liberty Properties 46, LLC		AUG 13 2013 <i>Tu V...</i>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 803 East 27th Street City, State, Zip Code Peterston, NJ 07562 Name of Contact Paul Solini	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacuum Warehouse				Type of Facility (4)	
Street Address 70 Old Turnpike Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Wayne, NJ 07470				Square Feet 355 SF	# of Floors 1 Bldg. Age 60+
County (6) Passaic County		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions, LLC		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC		
Street Address P.O. Box 1224		Street Address 145 Mill Street			
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Peterston, NJ 07501			
Project Manager for Monitoring Firm Rick Bustaquilo		Telephone No. 973-494-3762	Telephone No. 973-353-5374	License No. 01108	
Start Date (10) 08/14/2013		Scheduled Completion Date (11) 08/15/2013		Name of OSHA Monitor Valiant Associates, LLC	
Occupancy Status During Abatement (Check only one)				Street Address 145 Mill Street	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Peterston, NJ 07501	
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >100 sf or >250 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Geobag Procedure <input type="checkbox"/> Non-Exempted (17) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Solely by Maintenance/Guestodial staff? (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (specify SF or LB)	Abatement Type
	Yes	No			
By old restroom			Floor tiles	355 SF	Removal Repair Encapsulate Enclose
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 08/15/2013	City, State Waynesburg, OH 44688		
Completed By Miodrag Stamenovic		Title Project Manager	Signature <i>[Signature]</i>	Date 08/12/2013	

A5841

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STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Check #10545

Date of Notification (1)		Name of Building Owner/Operator (2)	
08/15/2013		Michael Landon Residence	
Agencies Notified	Notification Type	Street Address	
(X) EPA	(X) Initial Notification	17 48th Street	
(X) NJDEP	() Amended Certification	City, State, Zip Code	
(X) NJ DOL	() Emergency Notification (including justification)	Weehawken, NJ 07086	
(X) DOH	() Cancelled	Name of Contact	Tel. Number
() DCA		Michael Landon	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Michael Landon Residence		() School (K-12)	
Street Address		() Subchapter 8 (other than K-12)	
17 48th Street		(X) Other (i.e. private & commercial bldgs., homes, etc.)	
City (5)	County (6)	Sq. Feet: 5000	# of Floors 2 Bldg. Age 50
Weehawken	HUDSON	Current Use (prior if being demolished)	
County Code (7) (State Use Only)		Name of Contractor (9)	
		Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		Street Address	
ISES, Inc.		3300 Hudson Avenue	
Street Address		City, State, Zip Code	
3300 Hudson Avenue		Union City, NJ	
City, State, Zip Code		Telephone Number	License Number
Union City, NJ 07087		(201) 325-0055	01124
Project Manager for Monitoring Firm	Telephone Number	Name of OSHA Monitor	
David Camacho	(201) 325-0055	ISES, Inc.	
Scheduled Start Date (10)	Scheduled Completion Date (11)	Street Address	
08/26/2013	08/30/2013	3300 Hudson Avenue	
Occupancy Status During Abatement (Check only one)		City, State, Zip Code	
(X) Facility Closed/Vacated During Entire Period of Abatement		Union City, NJ 07087	
() Abatement Performed Outside of Normal Facility Hours -			
Describe: Areas of abatement are not occupied.			
Source 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"/> Glove-bag Procedure <input checked="" type="checkbox"/> ≥ 160 SF or ≥ 260 LF <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)
	YES NO NA		Abatement Type
Basement	X	TSI pipe	230 LFT
Basement	X	Ceiling Surface	~1000 SFT
Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
Newark Carting	04509	5 (estimated)	Cumberland County Landfill
City, State	Disp. Date	City, State	
369 Raymond Blvd., Newark, NJ 07105	08/30/2012	Newburg, PA 17242	
Completed by (Print or Type)	Title	Signature	Date
David Camacho	General Manager		08/15/2013

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

CHECK#23327

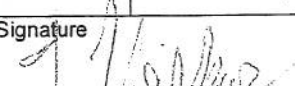
Date of Notification (1) 8/12/2013		Name of Building Owner/Operator (2) PRIVATE RESIDENCE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 232 SHERIDAN AVENUE City, State, Zip Code SEASIDE HEIGHTS, NJ Name of Contact DAVID J. D'ANDREA						
			Telephone Number						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE Street Address 232 SHERIDAN AVENUE City (5) SEASIDE HEIGHTS, NJ County OCEAN			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) Square Feet # of Floors Bldg. Age					
	County Code (7) (STATE USE ONLY) 06		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
Street Address		Street Address 15 BLACK FOREST ROAD							
		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 8/14/2013	Scheduled Completion Date (11) 8/14/2013	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM ESSENTIAL PERSONNEL ONLY		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
EXTERIOR		<input checked="" type="checkbox"/>		TRANSITE SHINGLES	1300 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler TIMSTER TRUCKING			NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.	Name of Registered Landfill GROWS				
City, State WEST CREEK, NJ			Disposal Date 8/15/2013	City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA			Title PRESIDENT	Signature <i>David J. D'Andrea</i>			Date 8/12/2013		

ASB-41

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

CK# 12608

Date of Notification (1) 08 / 14 / 13		Name of Building Owner/Operator (2) Elena Iglesias							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 88-89 Main St							
		City, State, Zip Code South River NJ							
		Name of Contact Elena Iglesias	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 88-89 Main St		Square Feet	# of Floors						
City (5) South River		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P O Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union NJ		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973 494 3762	Telephone No. 973 928 4888	License No. 1188						
Start Date (10) 08 / 25 / 13	Scheduled Completion Date (11) 08 / 27 / 13	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane suite B							
		City, State, Zip Code Garfield NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	230 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Ted Veskov	Title PM	Signature 				Date 8/14/13			

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

CL# 1267

Date of Notification (1) 08 / 14 / 13		Name of Building Owner/Operator (2) Dan Blank							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 46 Samson Ave							
		City, State, Zip Code Madison NJ							
		Name of Contact Dan Blank	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 46 Samson Ave		Square Feet	# of Floors						
City (5) Madison		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P O Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union NJ		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973 494 3762	Telephone No. 973 928 4888	License No. 1188						
Start Date (10) 08 / 24 / 13	Scheduled Completion Date (11) 08 / 25 / 13	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane suite B							
		City, State, Zip Code Garfield NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Ted Veskov		Title PM		Signature <i>[Signature]</i>			Date 8/14/13		

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

D&S Proj. #: 2013

CL# 005184

Date of Notification (1) 08/13/13		Name of Building Owner/Operator (2) david lee	
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 #: _____	Street Address 38 ELM COURT	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact david lee	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) david lee			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Square Feet</td> <td># of Floors</td> <td>Bldg. Age</td> </tr> <tr> <td colspan="3">Current Use (Prior if being demolished)</td> </tr> </table>	Square Feet	# of Floors	Bldg. Age	Current Use (Prior if being demolished)		
Square Feet	# of Floors	Bldg. Age							
Current Use (Prior if being demolished)									
Street Address 38 ELM COURT									
City (5) SO. ORANGE	County (6) ESSEX	County Code (7) (State use only)							

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/26/13		Sched. Completion Date (11) 09/12/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	18 LFT	<input checked="" type="checkbox"/>			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/27/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 08/13/2013

State of NJ

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

D&S Proj. #: 2013-293

CL# 005185

Date of Notification (1) 10/18/13		Name of Building Owner/Operator (2) AARON & BETH SANDWEISS	
Agencies Notified	Type Notification	Street Address 352 NO. FULLERTON AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MOTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact AARON & BETH SANDWEISS	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<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) AARON & BETH SANDWEISS			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 352 NO. FULLERTON AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) MOTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 08/23/13		Sched. Completion Date (11) 09/12/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	60 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/24/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) RODAN IOLIZIC	Title PRESIDENT	Signature	Date 08/13/2013

D&S Proj. #: 2013-294

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

2013-01-13 CLK# 0051810

Date of Notification (1) 01/13/13		Name of Building Owner/Operator (2) The Estate of Louise Quick	
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 18 ASHLAND ROAD	
		City, State, Zip Code SUMMIT, NJ	
		Name of Contact CAROLANN CLYNES	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) The Estate of Louise Quick			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 18 ASHLAND ROAD			Square Feet # of Floors Bldg. Age		
City (5) SUMMIT	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/26/13		Sched. Completion Date (11) 09/12/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> ≥160 sf or ≥260 lf	<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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	165 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/27/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/13/2013

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

D&S Proj. #: 2013 13-291

CK# 005182

Date of Notification (1) 08/11/13		Name of Building Owner/Operator (2) TIM GOZALES	
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 2 RETFORD AVENUE		City, State, Zip Code CRANFORD, NJ 07016	
Name of Contact TIM GOZALES		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TIM GOZALES			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 RETFORD AVENUE			Square Feet # of Floors Bldg. Age		
City (5) CRANFORD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
License Number		01169		
Start Date (10) 08/24/13		Sched. Completion Date (11) 08/30/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.		Street Address 20 California Avenue		
City, State, Zip Code		Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/25/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/12/2013

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