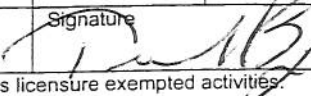


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 9742

Date of Notification (1) <b>8-21-13</b>		Name of Building Owner/Operator (2) <b>Princeton University</b>							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>E.A. MacMillan Building</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Bob Ortega</b> Telephone Number <b>[REDACTED]</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>27 MacLean Circle</b>		Square Feet <b>3,000</b>	# of Floors <b>2</b>						
City (5) <b>Princeton</b>		Bldg. Age <b>46yrs.</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>house</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>							
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>	Telephone No. <b>856-547-0505</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>						
Start Date (10) <b>9-4-13</b>	Scheduled Completion Date (11) <b>9-6-13</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>923 Haws Avenue</b> City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	VAT & mastic	836 SF	x			
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS, Inc.</b>					
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>9-6-13</b>	City, State <b>Morrisville, PA</b>						
Completed by <b>Timothy E. Bryan</b>	Title <b>Vice-President</b>	Signature 					Date <b>8-21-13</b>		


COPY

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

Date of Notification (1) Aug. 20, 2013		Name of Building Owner/Operator (2) Church of the Sacred Heart		<div style="border: 1px solid black; padding: 5px;"> <b>APPROVED</b>  NJ Dept. of Health &amp; Senior Services  <i>Paul E. Hynes</i>  (signature)  Date: <u>8/20/13</u> Time: <u>2:55PM</u> </div>					
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 260 High Street City, State, Zip Code Mount Holly Name of Contact Jason D'Entremont Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sacred Heart School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 250 High Street			Square Feet 40,000						
City (5) Mount Holly			# of Floors 2		Bldg. Age 50 years				
County (8) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (6) Ramm Environmental Sys., Inc.		ASCM No.		Name of Abatement Contractor (9) Academy Construction, Inc.					
Street Address 77 Nottingham Rd		Street Address 205 Rt. 46 West, Suite 14							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Roger Hedrick		Telephone No. 201-475-9880		License No. 01155					
Start Date (10) Aug. 22, 2013		Scheduled Completion Date (11) Sept. 03, 2013		Name of OSHA Monitor Academy Construction, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address  City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 280$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Class Room & Adjacent Hallway	x			Floor Tile	5,400	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 30		Name of Registered Landfill IESI Bethlehem Landfill			
City, State Newark, New Jersey		Disposal Date 9/3/2013		City, State Bethlehem, PA					
Completed by Frank Marino		Title VP of Operations		Signature <i>Frank Marino</i>		Date Aug. 20, 2013			





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

Date of Notification (1) Aug. 20, 2013		Name of Building Owner/Operator (2) Church of the Sacred Heart							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 260 High Street							
		City, State, Zip Code Mount Holly							
		Name of Contact Jason D'Entremont	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sacred Heart 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 250 High Street		Square Feet 40,000	# of Floors 2						
City (5) Mount Holly		Bldg. Age 50 years							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ramm Environmental Svs., Inc.		ASCM No. _____	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address 77 Nottingham Rd		Street Address 205 Rt. 46 West, Suite 14							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Roger Hedrick		Telephone No. 201-475-9880	Telephone No. 973-832-4244						
		License No. 01155							
Start Date (10) Aug. 22, 2013	Scheduled Completion Date (11) Sept. 03, 2013	Name of OSHA Monitor Academy Construction, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____  City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Class Room & Adjacent Hallway	x			Floor Tile	5,400	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Newark, New Jersey		Disposal Date 9/3/2013		City, State Bethlehem, PA					
Completed by Frank Marino		Title VP of Operations		Signature 			Date Aug. 20, 2013		

STATE OF NEW JERSEY

6380-NJ

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26-7 and 12:126-7)Emergency Non-Friable -  
Notification Check #: 5530

Date of Notification (1) 08/13/13		Name of Building Owner/Operator (2) Westwood Regional School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>DOL - 10 DAY</b>    <b>WARRANT APPROVED</b> </div>	
Ages of Material (3) Initial Notification		Street Address 701 Ridgewood Road			
Type of Notification (4) Amended Notification		City, State, Zip Code Township of Washington			
Cancellation		Name of Contact Dean D'Agostino, Director of Buildings and Grounds			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (5) Westwood Regional Jr./Sr. High School				Type of Facility (6) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 701 Ridgewood Road				Square Feet of Floor Slab, Age 80,000 2 50	
City (7) Township of Washington		County (8) Bergen		Current Use (Prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (9) TBD		ASCM No.		Name of Abatement Contractor (10) Four Strong Builders, Inc.	
Street Address				Street Address 180 Sergeant Avenue	
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 973-614-0377	
Scheduled Start Date (11) 08/14/13		Scheduled Completion Date (12) 08/19/13		License Number 00807	
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 - Describe: 8:30 PM - 11:00 PM <input type="checkbox"/> Other - Describe:		Name of USMA Monitor Four Strong Builders, Inc.		Street Address 180 Sergeant Avenue	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> High-Enclosure <input type="checkbox"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Friable Procedure				City, State, Zip Code Clifton, NJ 07013	
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)		In Location Normally Used Solely by Maintenance/Custodial Staff (14) Yes No N/A		Amount (Specify SF or LF) 850 SF	
Gymnasium Vestibules		X		Floor Tiles and Mastic	
Name of Registered Waste Hauler Four Strong Builders, Inc.		Hauler ID No. 12609		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA	
Completed by (Print or type) Navenko Zivkovic		Title President		Signature 	
				Date 8/13/13	

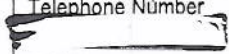
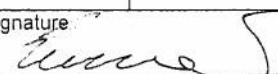
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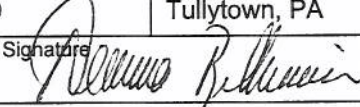
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK # 1384

Date of Notification (1) Aug. 20, 2013		Name of Building Owner/Operator (2) Steve King							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6 Knoll Lane							
		City, State, Zip Code Cherry Hill, New Jersey							
		Name of Contact Glen	Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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 6 Knoll Lane		Square Feet 40,000	# of Floors 2						
City (5) Cherry Hill, New Jersey		Bldg. Age 50 years							
County (6) Camden County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) None		ASCM No. none	Name of Abatement Contractor (9) Academy Construction, Inc.						
Street Address		Street Address 205 Rt. 46 West, Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm none		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) Sept. 4, 2013	Scheduled Completion Date (11) Sept. 15, 2013	Name of OSHA Monitor Academy Construction, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		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) <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
Kitchen	x			Floor Tile	150	x			
Name of Registered Waste Hauler Academy Construction, Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 4	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Totowa, New Jersey		Disposal Date 9/15/2013		City, State Bethlehem, PA					
Completed by Frank Marino		Title VP of Operations		Signature 			Date Aug. 20, 2013		

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

CL# 6760500219

Date of Notification (1) 8/19/13		Name of Building Owner/Operator (2) Raven Chaney							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 162 Oakland Road							
		City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Raven Chaney							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 162 Oakland Road		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 9/04/13	Scheduled Completion Date (11) 9/05/13	Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	130 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 				Date 8/19/13	



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

CK# 9462909036

Date of Notification (1) 8/19/13		Name of Building Owner/Operator (2) Ben Levy	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Beech Terrace	
		City, State, Zip Code Millburn, NJ 07041	
		Name of Contact Ben Levy	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Beech Terrace		Square Feet N/A	# of Floors N/A
City (5) Millburn		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 8/30/13	Scheduled Completion Date (11) 8/31/13	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
basement		X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA
Completed by Deanna Brkusanin	Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 8/19/13

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

CK# 2772

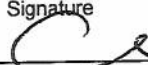
Date of Notification (1) 08/19/13 CK# 2772 \$200		Name of Building Owner/Operator (2) Division of Property Management and Construction							
Agencies Notified	Type Notification	Street Address PO Box 034							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, New Jersey 08625							
		Name of Contact Allen Pani	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Storage Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Arrow Road		Square Feet 10,000	# of Floors 2						
City (5) Ramsey, New Jersey		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Storage Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 120 North Warren Street		Street Address 606 McBride Avenue							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 609-392-4200	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 08/28/13	Scheduled Completion Date (11) 09/06/13	Name of OSHA Monitor J&S Environmental Labs							
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: 7AM-3:30PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Building Various locations		X		Caulk/Glazing	660 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 09/06/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 08/19/13		



*\* Emergency \**


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

ck 3530

Date of Notification (1) 8/23/13		Name of Building Owner/Operator (2) Gay Cannizzo Private Home							
Agencies Notified	Type Notification	Street Address 45 Cedars av							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Harvey Cedars NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Gay	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Gay Cannizzo Private Home		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 45 Cedars av		Square Feet 1000+	# of Floors 1						
City (5) Harvey Cedars NJ 08008		Bldg. Age 35+							
County (6) ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/24/13	Scheduled Completion Date (11) 8/26/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 8/26/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/23/13		

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

3531

Date of Notification (1) 8/23/13		Name of Building Owner/Operator (2) Coskun Private Home						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 319 Pelhem						
		City, State, Zip Code Long Beach Twp NJ 08008						
		Name of Contact Mr Coskun						
		Telephone Number _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Coskun Private Home		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 319 Pelhem		Square Feet 1000+	# of Floors 1					
City (5) Long Beach Twp NJ 08008		Bldg. Age 35+						
County (6) ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329						
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 8/24/13	Scheduled Completion Date (11) 8/26/13	Name of OSHA Monitor Same						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)  1800	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior Siding			x	Exterior Siding	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 8/26/13		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 8/23/13	



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

Date of Notification (1) <div style="text-align: right;">8/22/2013</div>		Name of Building Owner/Operator (2) Seminole Construction <span style="float: right;">u 27317</span>	
Agencies Notified	Type of Notification	Street Address 128 Bartlett Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code West Creek, NJ 08092	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact Joyce Corliss	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 138 Elizabeth Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Lavallette			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Ocean		
County Code (7) (STATE USE ONLY)		Square feet 2000 sf	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 8/22/13			License Number 00624		
Scheduled Completion Date (11) 8/23/13			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 8/26/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 8/22/2013

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

CK# 23369

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

Date of Notification (1) <b>8/21/2013</b>		Name of Building Owner/Operator (2) <b>JANET PRICE</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <b>52 PENNINGTON ROAD</b>		City, State, Zip Code <b>NEW BRUNSWICK, NJ</b>					
Name of Contact <b>DAVID D'ANDREA</b>		Telephone Number <b>609-890-7110</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)					
Street Address <b>52 PENNINGTON ROAD</b>		Square Feet <b>1500</b>					
City (5) <b>NEW BRUNSWICK, NJ</b>		# of Floors Bldg. Age <b>2 / 15</b>					
County <b>SOMERSET</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		ASCM No. <b>1500</b>					
Street Address <b>1A S. LAWRENCE AVENUE</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>					
City, State, Zip Code <b>SEASIDE HEIGHTS, NJ 08751</b>		Street Address <b>15 BLACK FOREST ROAD</b>					
Project Manager for Monitoring Firm <b>JOHN J. LAWRENCE</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>					
Telephone No. <b>609-890-7110</b>		License No. <b>00676</b>					
Start Date (10) <b>9/3/2013</b>		Scheduled Completion Date (11) <b>9/3/2013</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM		Name of OSHA Monitor <b>JOHN J. LAWRENCE</b>					
Street Address <b>1A S. LAWRENCE AVENUE</b>		City, State, Zip Code <b>SEASIDE HEIGHTS, NJ 08751</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
THROUGHT		NFVAT	300 SQ. FT.	X			
BASEMENT		PIPE INSULATION	50 L.F.	X			
BASEMENT		ASSOCIATED FITTINGS	5	X			
Name of Registered Waste Hauler <b>TIMSTER TRUCKING</b>		NJDEP Waste Hauler ID No. <b>21079</b>	Cubic Yards of Waste <b>1 YD.</b>	Name of Registered Landfill <b>GROWS</b>			
City, State <b>WEST CREEK, NJ</b>		Disposal Date <b>9/5/2013</b>		City, State <b>MORRISVILLE, PA</b>		Date <b>8/21/2013</b>	
Completed By <b>DAVID D'ANDREA</b>		Signature <i>David D'Andrea</i>		Title <b>PRESIDENT</b>		Date <b>8/21/2013</b>	

ASB-41

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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) Check # 23368

Date of Notification (1) <b>8/21/2013</b>		Name of Building Owner/Operator (2) <b>CARRIER CLINIC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 147</b>	
		City, State, Zip Code <b>BELL MEAD, NJ 08502</b>	
		Name of Contact <b>DAVID D'ANDREA</b>	
		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CARRIER CLINIC</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>252 ROUTE 601</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>BELLE MEAD, NJ</b>		Current Use (Prior if being demolished)	
County <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address <b>78 E. ATLANTIC WAY</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>LAVALLETTE, NJ 08735</b>		City, State, Zip Code <b>8735</b>	
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>8/22/2013</b>	Scheduled Completion Date (11) <b>8/22/2013</b>	Name of OSHA Monitor <b>AMERITECH</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address <b>78 E. ATLANTIC WAY</b>	
ESSENTIAL PERSONNEL		City, State, Zip Code <b>LAVALLETTE, NJ 08735</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> CLEAN-UP ONLY	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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	
<b>MAIN BOILER ROOM</b>	<input checked="" type="checkbox"/>		<b>CALCIUM SILICATE</b>
<b>TWO (2) STACKS &amp; BREECHING</b>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>TIMSTER TRUCKING</b>		NJDEP Waste Hauler ID No. <b>21079</b>	Cubic Yards of Waste <b>1 YDS</b>
City, State <b>WEST CREEK, NJ 08092</b>		Disposal Date <b>8/26/2013</b>	Name of Registered Landfill <b>GROWS</b>
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	City, State <b>MORRISVILLE, PA</b>
		Signature <i>David D'Andrea</i>	Date <b>9/24/2010</b>

ASB-41

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

**CHECK#23367**

Date of Notification (1) <b>8/21/2013</b>		Name of Building Owner/Operator (2) <b>BERKELEY MEADOWS CARE CENTER</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>311 SPRINGFIELD AVENUE</b>
			City, State, Zip Code <b>BERKELEY HEIGHTS, NJ 07922</b>
			Name of Contact <b>DAVID D'ANDREA</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BERKELEY MEADOWS CARE CENTER</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>311 SPRINGFIELD AVENUE</b>			
City (5) <b>BERKELEY HEIGHTS, NJ 07922</b>		Square Feet	# of Floors Bldg. Age
County <b>UNION</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address <b>1A S. LAWRENCE AVENUE</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>8/22/2013</b>	Scheduled Completion Date (11) <b>8/28/2013</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours <b>AFFECTED AREA HAS BEEN CLOSED FOR REPAIRS</b>		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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	
<b>THERAPY &amp; PATIENT ROOMS</b>			<b>JOINT COMPOUND&amp;DRYWALL</b>
Name of Registered Waste Hauler <b>TIMSTER TRUCKING</b>		NJDEP Waste Hauler ID No. <b>21079</b>	Cubic Yards of Waste <b>10YD.</b>
City, State <b>WEST CREEK, NJ</b>		Disposal Date <b>8/30/2013</b>	Name of Registered Landfill <b>GROWS</b>
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Date <b>8/21/2013</b>

ASB-41

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

NOCK

Date of Notification (1) 10/18/11 9/11/13		Name of Building Owner/Operator (2) Micheal Feehen	
Agencies Notified	Type Notification	Street Address 225 Columbus Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hasbrouck Heights, NJ 07604	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact Micheal Feehen	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4)		
Street Address 225 Columbus Avenue			<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.)		
City (5) Hasbrouck Heights	County (6) Bergen	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/29/13		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	
				City, State, Zip Code Paterson, NJ 07503	
<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 type="checkbox"/> Full Containment w/negative pressure <input checked="" 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"/>		Boiler Insulation	45 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	30 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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/05/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature Date 8/19/2013	

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

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

Date of Notification (1) 10/18/13		Name of Building Owner/Operator (2) Micheal Feehen	
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 225 Columbus Avenue	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Hasbrouck Heights, NJ 07604	
	<input type="checkbox"/> Cancellation	Name of Contact Micheal Feehen	Telephone Number _____

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 225 Columbus Avenue			Square Feet    # of Floors    Bldg. Age		
City (5) Hasbrouck Heights	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____			Street Address 20 California Ave.		
City, State, Zip Code _____			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) 13		Sched. Completion Date (11) 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)

- ☒ >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"/>		Boiler Insulation	45 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	30 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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/05/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature _____		Date 8/19/2013



D&amp;S Proj. #: 2013-279

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

014-005219

Date of Notification (1) 10/18/11 19/11/13		Name of Building Owner/Operator (2) DON COLTON BACK	
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 169 STATE STREET		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact DON COLTON BACK		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of facility where abatement is taking place (3) DON COLTON BACK		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 169 STATE STREET		Square Feet [REDACTED]	
City (5) BLOOMFIELD		# of Floors [REDACTED]	
County (6) ESSEX		Bldg. Age [REDACTED]	
County Code (7) (State use only)		Current Use (Prior if being demolished) [REDACTED]	
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code [REDACTED]		Street Address 20 California Ave.	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Paterson, NJ 07503	
Phone Number [REDACTED]		Telephone Number 973-345-8020	
Start Date (10) 09/03/13		License Number 01169	
Sched. Completion Date (11) 09/16/13		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	
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		City, State, Zip Code Paterson, NJ 07503	
Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
Location of asbestos-containing material (acm) to be abated in facility (13)		Description of asbestos-containing material (ACM)	
BASEMENT		PIPE INSULATION	
BASEMENT BOILER		BOILER INSULATION	
Registered Waste Hauler D & S RESTORATION, INC.		Cubic Yards of Waste 1 YD	
NJDEP Hauler ID# 13506		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		City, State TULLYTOWN, PA	
Disposal Date 09/04/13		Date 08/19/2013	
Completed by (Print or Type) BOGDAN JOLDZIC		Signature [REDACTED]	
Title PRESIDENT			

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



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

CK# 005220

Date of Notification (1) 10/18/11/19/1/13/1		Name of Building Owner/Operator (2) The Estate of grace w. de graaf	
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 20 BEECH ROAD		City, State, Zip Code HO-HO-KUS, NJ 07423	
Name of Contact Sandra M. JOHANSON		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of facility where abatement is taking place (3) The Estate of grace w. de graaf		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 20 BEECH ROAD		Square Feet # of Floors Bldg. Age	
City (5) HO-HO-KUS		County (6) BERGEN	
County Code (7) (State use only)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code		Street Address 20 California Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07503	
Phone Number		Telephone Number 973-345-8020	
Start Date (10) 08/29/13		License Number 01169	
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	
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		City, State, Zip Code Paterson, NJ 07503	
Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		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)		Description of asbestos-containing material (ACM)	
BASEMENT & GARAGE		PIPE INSULATION	
Amount (Specify SF or LF) 175 L FT		R e m o v e	
		R e p a i r	
		E n c a p	
		E n c l	
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	
City, State PATERSON, NJ 07503		Cubic Yards of Waste 2 YDS	
Disposal Date 08/19/13		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
Completed by (Print or Type) BOGDAN JOLDZIC		City, State TULLYTOWN, PA	
Title PRESIDENT		Date 08/19/2013	
Signature			



D&amp;S Proj. #: 2013-301

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

CL# 005018

Date of Notification (1) 10/18/11 9/11/13		Name of Building Owner/Operator (2) EUGENE BUCKLEY	
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 773 BROAD STREET		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact EUGENE BUCKLEY		Telephone Number	
FACILITY INFORMATION			
Name of facility where abatement is taking place (3) EUGENE BUCKLEY		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 773 BROAD STREET		Square Feet # of Floors Bldg. Age	
City (5) BLOOMFIELD		County Code (7) (State use only) ESSEX	
County (6) ESSEX		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		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		Telephone Number 973-345-8020	
Phone Number		License Number 01169	
Start Date (10) 08/30/13		Name of OSHA Monitor D & S Restoration, Inc.	
Sched. Completion Date (11) 09/12/13		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)	
Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	
BASEMENT		PIPE INSULATION 120 L FT	
BASEMENT BOILER		BOILER INSULATION 36 SQ FT	
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		City, State TULLYTOWN, PA	
Disposal Date 09/03/13		Date 08/19/2013	
Completed by (Print or Type) BOGDAN JOLDZIC		Signature PRESIDENT	

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



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

B & G proj. #: 2013-128

Check # 6069

Date of Notification (1) <u>10/8/2013</u>		Name of Building Owner/Operator (2) <u>Anne Marie Landrigan</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"/> Cancellation	Street Address <u>195 Irving Place</u>	
		City, State, Zip Code <u>Rutherford, NJ 07071</u>	
		Name of Contact <u>Anne Marie Landrigan</u>	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Anne Marie Landrigan</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>195 Irving Place</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Rutherford, NJ 07071</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>09/05/2013</u>		Sched. Completion Date (11) <u>09/06/2013</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:					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Glovebag procedure
			<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						
basement			X	thin square duct insulation	48 sf	X			
basement			X	thin & thick round duct insulation	93 lf	X			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>09/06/2013</u>	City, State <u>Tullytown, PA</u>		Date <u>08/21/2013</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		



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

B & G proj. #: 2013-126

Check # 6068

Date of Notification (1) <u>10/8/12</u> / <u>11/3</u>		Name of Building Owner/Operator (2) <u>Gordon Chin</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"/> Cancellation	
Street Address <u>846 Auburn Avenue</u>			
City, State, Zip Code <u>Ridgewood, NJ 07450</u>			
Name of Contact <u>Gordon Chin</u>		Telephone Number	

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <u>Gordon Chin</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>846 Auburn Avenue</u>			Square Feet		Bldg. Age
City (5) <u>Ridgewood, NJ 07450</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>	
Street Address			Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>	
Sched. Start Date (10) <u>09/04/2013</u>		Sched. Completion Date (11) <u>09/05/2013</u>	License Number <u>0378</u>	
Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>				
Street Address <u>105 Ryerson Road</u>				
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>				

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  
☒ Mini-enclosure  
☐ wrap & cut  
☒ Glovebag procedure  
☐ 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						
basement boiler room			X	pipe insulation	40 lf	X			
laundry room			X	pipe insulation	24 lf	X			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>09/05/2013</u>	City, State <u>Tullytown, PA</u>		Date <u>08/21/2013</u>
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		



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

B & G proj. #: 2013-138

Check #

6067

Date of Notification (1) 10/8/12/1/13		Name of Building Owner/Operator (2) Lee Wesley	
Agencies Notified	Type Notification	Street Address 499 Ridgewood Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Maplewood, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Lee Wesley	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lee Wesley			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 499 Ridgewood Road			Square Feet	# of Floors	Bldg. Age
City (5) Maplewood	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 09/03/2013		Sched. Completion Date (11) 9/04/2013	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☒ Mini-enclosure  
☐ wrap & cut ☒ Glovebag procedure ☐ 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						
basement main area			X	pipe insulation	60 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	acm boards	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler rm, gas meter closet,			X	pipe insulation	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room & HVAC room						<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 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 09/04/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/21/2013



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

B & G proj. #: 2013-129

Check # 6070

Date of Notification (1) 10/8/12/1/1/3		Name of Building Owner/Operator (2) Leo Filev	
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"/> Cancellation	
Street Address 2 Berkeley Heights Park		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Leo Filev		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Leo Filev			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 Berkeley Heights Park			Square Feet		
City (5) Bloomfield, NJ 07003			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number 973-696-6869		
Scheduled Start Date (10) 09/05/2013			Sched. Completion Date (11) 09/06/2013		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			License Number 0378		
Current Use (Prior if being demolished) residential			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

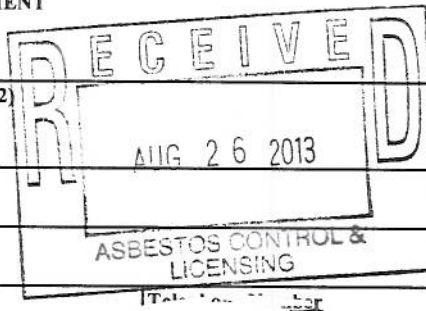
- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure

- ☐ wrap & cut  
☒ Glovebag procedure  
☐ 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)	Remove	Repair	Encap	Encl
boiler room/sink area			X	pipe insulation	29 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 07035	Disposal Date 09/06/2013	City, State Tullytown, PA	Date 08/21/2013
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	

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



Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) on hold
Agency Notified	Type Notification	Street Address
EPA	Initial	P.O. box 2158
DEP	Notification	City, State, Zip Code
DCA	x #1 Amended	Princeton NJ 08543
DOH	Notification	Name of Contact
	Cancellation	Robert Otego

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4)		
Street Address Near 70 alexander road - manhole			School (K12)		
			Subchapter 8 (Other than K12)		
City (5) Princeton			County (6)		
County Code (7) (STATE USE ONLY)			Square Feet N/A		
			# of Floors 0		
			Bldg. Age 100 +		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		
Sched. Start Date (10) On hold Month/Day/Year			Sched. Completion Date (11) 11/26/13 Month/Day/Year		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor Criterion Labs		
Facility Closed/Vacated During Entire Period of Abatement			Street Address 3370 Progressive Drive		
x Abatement Performed Outside of Normal Facility			City, State, Zip Code Bensalem PA 19020		
Hours - Describe: 7:00 AM to 3:30PM					
Other - Describe:					

Scope of work (Check all that apply)

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

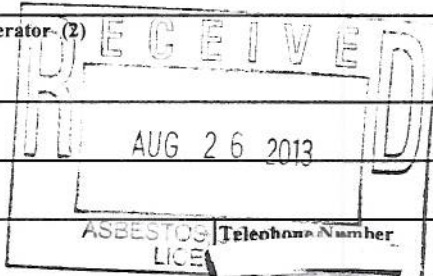
Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Manhole - near 70 alexander road	x			pipe insulation	6 LF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 8-23-13



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

Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x - # 1 Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	
	Cancellation	Robert Otego	



Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Across street from Princeton Seminary			Square Feet N/A		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 0
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Bldg. Age 100 +
Street Address 515 Grove Street Suite 1B			Name of Abatement Contractor (9) Associated Specialty Contracting		
City, State, Zip Code Haddon Heights NJ			Street Address 98 LaCrue Avenue		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		City, State, Zip Code Glen Mills, PA 19342
Scheduled Start Date (10) ON HOLD Month/Day/Year			Sched. Completion Date (11) 11/26/13 Month/Day/Year		Telephone Number 610-364-9622
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 - Describe: 7:00 AM to 3:30 PM Other - Describe:			Licence Number 1103		
Name of OSHA Monitor Criterion Labs			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R
Manhole outside park deck near seminary	x			pipe insulation	4 LF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 8-23-13

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

*No Check*

Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x - # 1 Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	ASBESTOS Telephone Number
	Cancellation	Robert Otego	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Across street from Princeton Seminary			Square Feet N/A		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 0
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) ON HOLD Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

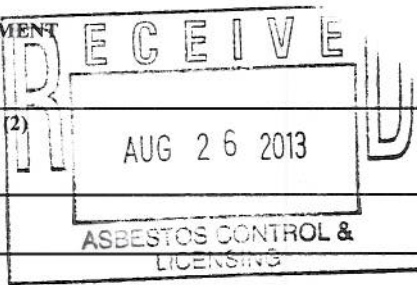
Demolition	x Renovation	Full Containment with Negative Pressure
x >3 sf or >3 lf		x Mini - Enclosure
>160 sf or >260 lf		x Glovebag Procedure
		Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Manhole - Across st from Seminary	x			pipe insulation s	6 LF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 8/23/13



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



Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x - #1 Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Near Pyne Hall - manhole			Square Feet N/A		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 0
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) ON HOLD Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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 - Describe: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

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

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
Manhole - near Pyne Hall	x			pipe insulation	9 LF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 8-23-2013

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

**Date of Notification (1)**  
08/16/13  
Month/Day/Year

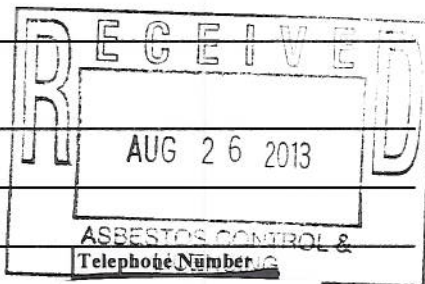
**Name of Building Owner/Operator (2)**  
Princeton University

**Agency Notified**  
EPA  
DEP  
DCA  
DOH

**Type Notification**  
Initial  
Notification  
x - # 1 Amended  
Notification  
Cancellation

**Street Address**  
P.O. box 2158  
City, State, Zip Code  
Princeton NJ 08543

**Name of Contact**  
Robert Otego



**FACILITY INFORMATION**

**Name of Facility Where Abatement is Taking Place (3)**  
Princeton University - Old Graduate College - Steam lines in Manhole

**Type of Facility (4)**  
School (K12)  
Subchapter 8 (Other than K12)  
x Other (i. e. Private & commercial buildings, homes, etc.)

**Street Address**  
Across from parking lot 11

**Square Feet** N/A **# of Floors** 0 **Bldg. Age** 100 +  
**Current Use (Prior if being demolished)**  
University

**City (5)** Princeton **County (6)** **County Code (7)** (STATE USE ONLY)

**Name of Monitoring Firm Hired by Building Owner (8)**  
Pennoni Associates Inc

**ASCM No.** **Name of Abatement Contractor (9)**  
Associated Specialty Contracting

**Street Address**  
515 Grove Street Suite 1B

**Street Address**  
98 LaCruce Avenue

**City, State, Zip Code**  
Haddon Heights NJ

**City, State, Zip Code**  
Glen Mills, PA 19342

**Project Manager of Monitoring Firm**  
Alan Lloyd

**Telephone Number** 856-547-0505 **Licence Number** 1103

**Scheduled Start Date (10)** OH HOLD  
Month/Day/Year **Sched. Completion Date (11)** 11/26/13  
Month/Day/Year

**Name of OSHA Monitor**  
Criterion Labs

**Occupancy Status During Abatement (Check only one)**  
Facility Closed/Vacated During Entire Period of Abatement  
x Abatement Performed Outside of Normal Facility  
Hours - Describe: 7:00 AM to 3:30PM  
Other - Describe:

**Street Address**  
3370 Progressive Drive  
City, State, Zip Code  
Bensalem PA 19020

**Scope of work (Check all that apply)**  
Demolition x Renovation x Full Containment with Negative Pressure x  
x >3 sf or >3 lf x Mini - Enclosure x  
>160 sf or >260 lf x Glovebag Procedure x  
Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R	E	N	E
Manhole - across from parking lot 11	x	pipe insulation	9 LF	x			

**Name of Registered Waste Hauler** Horizon Disposal **NJDEP Waste Hauler ID No.** **Cubic Yards of Waste** 1 **Name of Registered Landfill** GROWS

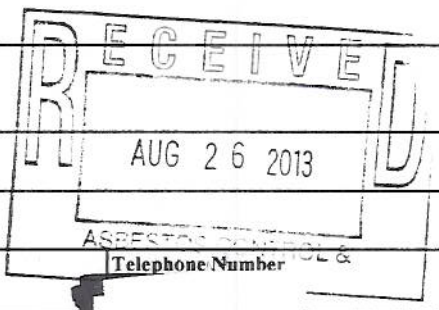
**City, State** Trenton NJ **Disposal Date** As needed **City, State** Morrisville PA

**Completed By (Print or Type)** Mark Goshaw **Title** Project Manager **Signature** *Mark Goshaw* **Date** 8-23-13



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

Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x- # 1 Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	



Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College -Steam lines in Manhole			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 88 college road west -manhole - beginning of steam lin			Square Feet # of Floors Bldg. Age N/A 0 100 +		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) ON HOLD Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	x Renovation	x Mini - Enclosure	
x >3 sf or >3 lf		x Glovebag Procedure	
>160 sf or >260 lf		Non-Friable Procedure	

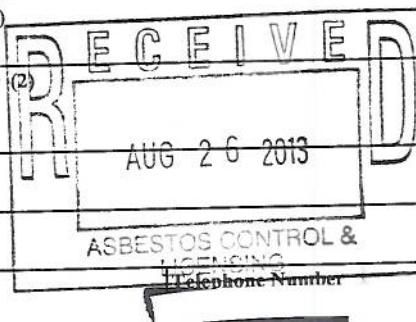
Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - Old Graduate College	x			pipe insulation debris	8 SF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>	Date 8/23/13	

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

*No check*

Date of Notification (1) 08/16/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University
Agency Notified EPA DEP DCA DOH	Type Notification Initial	Street Address P.O. box 2158
	Notification	City, State, Zip Code Princeton NJ 08543
	x - #1 Amended	Name of Contact Robert Otego
	Notification	Telephone Number
Cancellation		



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University - Old Graduate College - Steam lines in Manhole			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Near College Road West - manhole			Square Feet N/A	# of Floors 0	Bldg. Age 100 +
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) ON HOLD Month/Day/Year		Sched. Completion Date (11) 11/26/13 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Manhole - near college road west	x			pipe insulation	5 LF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 8/23/13



B &amp; G proj. #: 2013-157

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

Check #6071

Date of Notification (1)

08/12/11/13

Name of Building Owner/Operator (2)

Monmouth University

Street Address

400 Cedar Avenue

City, State, Zip Code

West Long Branch, NJ 07764

Name of Contact

Timothy Orr

Agencies Notified

- ☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

RECEIVED  
AUG 26 2013  
ASBESTOS CONTROL &  
TELEPHONE NUMBER

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

The Bluffs Apartments, Apartment 29A

Street Address

590 Ocean Avenue

City (5)

Long Branch

County (6)

Monmouth

County Code (7)  
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

AHERA Consultants Inc.

ASCM No.  
00057

Street Address

P.O. Box 385

City, State, Zip Code

Oceanville, NJ 08231-0385

Project Manager for Monitoring Firm

John Smoyer

Phone Number

609-652-1833

Scheduled Start Date (10)

08/22/2013

Sched. Completion Date (11)

08/24/2013

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: occupied

Scope of Work (check all that apply)

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

- ☒ Full Containment w/negative pressure  
☐ Mini-enclosure

- ☐ wrap & cut  
☐ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes	No	N/A
	X	

Description of asbestos-containing material (ACM)

Amount  
(Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	L
<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"/>

Apartment 29A

sheetrock / joint compound

220 sf

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
4 yardsName of Registered Landfill  
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date  
08/26/2013City, State  
Tullytown, PADate  
08/21/2013Completed by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna



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

B & G proj. #: 2013-157

Check #6071

Date of Notification (1) 10/8/2013/11/3		Name of Building Owner/Operator (2) Monmouth University		APPROVED NJ Department of Health & Senior Services Paul C. Homer (signature) Date: 8/21/13 Time: 11:07 AM	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 400 Cedar Avenue	
		City, State, Zip Code West Long Branch, NJ 07764		AUG 26 2013	
		Name of Contact Timothy Orr		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) The Bluffs Apartments, Apartment 29A			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 590 Ocean Avenue			Square Feet 75,000		
City (6) Long Branch			# of Floors 30+		
County (8) Monmouth			Bldg. Age 30+		
County Code (7) (State use only)			Current Use (Prior if being demolished) Dorm		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants Inc.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
ASCM No. 00057			Street Address 105 Ryerson Road		
Street Address P.O. Box 385			City, State, Zip Code Lincoln Park, NJ 07035		
City, State, Zip Code Oceanville, NJ 08231-0385			Telephone Number 973-696-6869		
Project Manager for Monitoring Firm John Smoyer			License Number 0378		
Phone Number 609-852-1833			Name of OSHA Monitor B & G Restoration, Inc.		
Scheduled Start Date (10) 08/22/2013			Street Address 105 Ryerson Road		
Sched. Completion Date (11) 08/24/2013			City, State, Zip Code Lincoln Park, NJ 07035		
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: occupied					

Scope of Work (check all that apply)

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

- ☒ Full Containment w/negative pressure  
☐ Mini-enclosure

- ☐ Wrap & cut  
☐ Glovebag procedure  
☐ Non-triiple 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	R	E	E
	Yes	No	N/A			em	ep	nc	nc
						ov	ai	ap	cl
Apartment 29A		X		sheetrock / joint compound	220 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 4 yards	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 08/26/2013	City, State Tullytown, PA		Date 08/21/2013
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature Gordana Luna		



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

Date of Notification (1) <b>8-20-13</b>		Name of Building Owner/Operator (2) <b>Mrs. Robinson</b>	
Agencies Notified	Type Notification	Street Address <b>34 Dogwood Drive</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>West Orange, NJ, 07052</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Mrs. Robinson</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>1800</b>		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors <b>2</b>
			Bldg. Age <b>60</b>		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address			Street Address <b>86 Christopher St.</b>	
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>8-31-2013</b>	Sched. Completion Date (11) <b>9-3-13</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>				

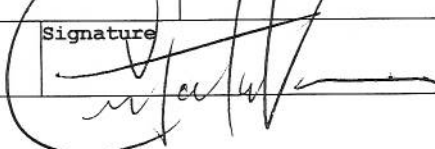
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

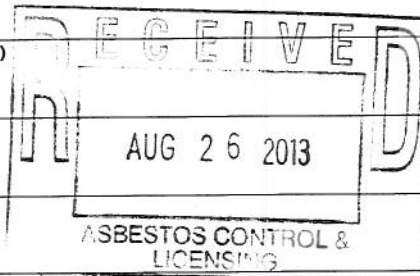
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>80 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>9-4-13</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>8-20-13</b>	

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

Date of Notification (1) <b>8-12-13</b>		Name of Building Owner/Operator (2) <b>Cyndi Sonnabend</b>	
Agencies Notified	Type Notification	Street Address <b>86 Greenwood Drive</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Millburn, NJ, 07041</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact <b>Cyndi Sonnabend</b>	
<input checked="" type="checkbox"/> DOL		Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> EMERGENCY		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>1700</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>8-22-13</b>	Sched. Completion Date (11) <b>8-20-13</b>	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

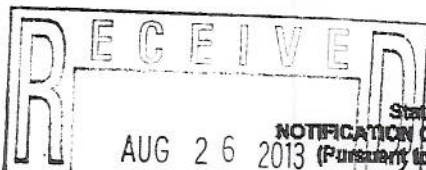
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

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

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>8-27-13</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8-12-13</b>		

8/20/13





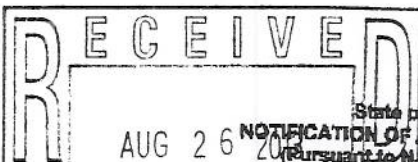
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P001/001

CHECK # 8237

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:26 and 12:120)									
Date of Notification 8/20/13		Name of Building Owner/Operator (2) SEAN HUFFMAN							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 49 ARMOUR RD.		City, State, Zip Code MANTWAH, N.J. 07495							
Name of Contact SEAN HUFFMAN		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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 49 ARMOUR ROAD		Square Feet 1,200							
City (5) MANTWAH		# of Floors 2							
County (6) BERGEN		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. (201) 262-5841							
Start Date (10) 8/21/13		License No. 00156							
Scheduled Completion Date (11) 9/01/13		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, N.J. 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
BASMENT			✓	DUCT INSULATION	50 SF		✓		
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 8/21/13		City, State Bethlehem, P.A. 18015					
Completed by Joseph Vocaturo		Title Operations		Signature J. Vocaturo		Date 8/21/13			





Aug 20 2013 02:17pm

P001/001

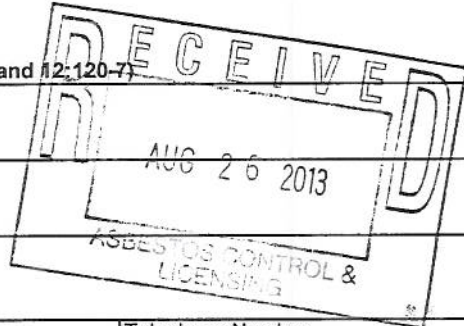
CHECK# 8237

Date of Notification (1)		Name of Building Owner/Operator (2)		APPROVED					
8/19/13		JIM VRISCO		NJ Dept. of Health & Senior Services Paul C. Horner Date: 8/20/13 Time: 1:15 PM					
Agencies Notified		Type Notification		Name of Contact					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		MICHAEL BETTS					
Name of Facility Where Abatement is Taking Place (3)									
COMMERCIAL									
Street Address									
250 B LIVINGSTON ST									
City (5)									
NORTHVALE									
County (6)									
BERGEN									
County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8)									
ASCM No.									
Name of Abatement Contractor (9)									
A.Mac Contracting Inc.									
Street Address									
105 Lowell Road									
City, State, Zip Code									
Glen Rock, N.J 07452									
Project Manager for Monitoring Firm									
Telephone No.									
(201)262-5841									
License No.									
00156									
Start Date (10)									
8/20/13									
Scheduled Completion Date (11)									
9/20/13									
Occupancy Status During Abatement (Check Only One)									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:									
Name of OSHA Monitor									
Omega Environmental Services Inc.									
Street Address									
280 Huyler Street									
City, State, Zip Code									
Hackensack, N.J 07606									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
		Yes No N/A						Removal Repair Encapsulate Enclosure	
OFFICE				VAT		180 SF		<input checked="" type="checkbox"/>	
BATHROOM				VAT		25 SF		<input checked="" type="checkbox"/>	
ROOF				ROOFING/FLESHING		3,515 SF		<input checked="" type="checkbox"/>	
EXTERIOR WINDOWS				CAULK		14 LF		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
Rovic Transportation		20785		30		IESI PA Bethlehem Landfill Corp.			
City, State		Disposal Date		City, State					
Riverdale, New Jersey 07457		8/20/13		Bethlehem, P.A 18015					
Completed by		Title		Signature		Date			
Joseph Vaccaro		Operations		J. Vaccaro		8/19/13			



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

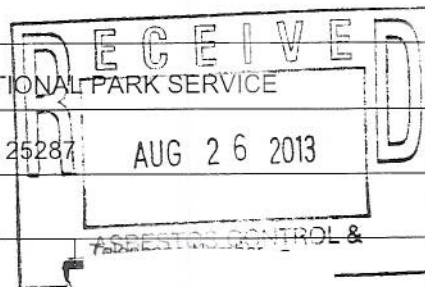
Date of Notification 0   8   2   0   1   3		Name of Building Owner/Operator Merck Sharp & Dohme Corp.	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial X Amended X Cancellation	
Street Address 556 MORRIS AVENUE		City, State, Zip Code Summit, NJ 07901	
Name of Contact Kevin Ruta		Telephone Number	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place MERCK - Building S 5				Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)			
Street Address 556 MORRIS AVENUE				SF of Bldg. 10000		# Floor 3	
City SUMMIT, NJ		County UNION		County Code State use Only		Age of Bldg. 50+	
Name of Monitoring Firm Hired by Building Owner AERO ENVIRONMENTAL				Name of Abatement Contractor ACM CONSULTING CORP.			
Street Address 275 ROUTE 10 E. SUITE 220-306				Street Address 2150 STANLEY TERRACE			
City, State, Zip Code SUCCASUNNA, NJ 07876				City, State, Zip Code UNION, NJ 07083			
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008		License Number 00575	
Scheduled Start Date 8 28 2013		Scheduled Completion Date 8 29 2013		Name of OSHA Monitor EMSL ANALYTICAL			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 4:00PM TO 4:00AM Other - Describe: _____				Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition X >3sf or >3lf > 160sf or > 260lf Renovation				Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed Pipe Insulation		Amount to be Removed (Specify SF/LF) 40LF	
Basement Area		X				Abatement Type Rem. Rep. Enc. Encl. X	
Name of Registered Waste Hauler Clean Harbors Env. Services, Inc.		NJDEP Waste ID No. NJDEPE 16666		Cubic Yds waste 5		Name of Registered Landfill Clean Harbors Lone Mountain, LLC	
City, State Norwell, MA		Disposal Date TBD		City, State of Registered Landfill Waynoka, Oklahoma			
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER		Signature <i>Timothy Ryan</i>		Date 8/20/2013	

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

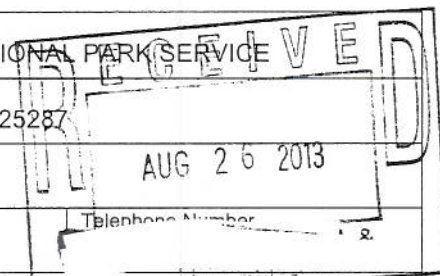
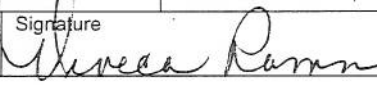


Date of Notification (1) 8/22/2013		Name of Building Owner/Operator (2) US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE							
Agencies Notified	Type Notification	Street Address DENVER SVC CENTER - P.O. BOX 25287							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DENVER, CO 80225-0287							
		Name of Contact SEAN LOONAN							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) GATEWAY NATIONAL RECREATION AREA - SANDY HOOK UNIT		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 BLDG 144A&B - CANFIELD ROAD		Square Feet	# of Floors						
City (5) HIGHLANDS		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-9496	License No. 00494						
Start Date (10) 9/3/2013	Scheduled Completion Date (11) 9/24/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PLASTER	315 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 9/24/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature			Date 8/22/2013		


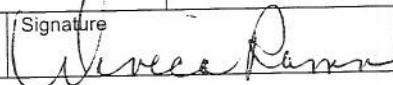


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK 18220

Date of Notification (1) 8/22/2013		Name of Building Owner/Operator (2) US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE							
Agencies Notified	Type Notification	Street Address DENVER SVC CENTER - P.O. BOX 25287							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code DENVER, CO 80225-0287							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact SEAN LOONAN							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) GATEWAY NATIONAL RECREATION AREA - SANDY HOOK UNIT		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 BLDG 145B- CANFIELD ROAD		Square Feet	# of Floors						
City (5) HIGHLANDS		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-9496	Telephone No. 973-956-8700						
Start Date (10) 9/3/2013		Scheduled Completion Date (11) 9/24/2013	License No. 00494						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor SAME AS (9) ABOVE							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address City, State, Zip Code							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	16 LF	X			
				PLASTER	32 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 9/24/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 8/22/2013					

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


Date of Notification (1) 8/22/2013		Name of Building Owner/Operator (2) US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE							
Agencies Notified	Type Notification	Street Address DENVER SVC CENTER - P.O. BOX 25287							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code DENVER, CO 80225-0287							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact SEAN LOONAN							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) GATEWAY NATIONAL RECREATION AREA - SANDY HOOK UNIT		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 BLDG 75 - MERCER ROAD		Square Feet	# of Floors						
City (5) HIGHLANDS		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code CRANBURY, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-9496	Telephone No. 973-956-8700						
Start Date (10) 9/3/2013		Scheduled Completion Date (11) 9/24/2013	License No. 00494						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor SAME AS (9) ABOVE							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address City, State, Zip Code							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		SIDING	90 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 9/24/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 8/22/2013			



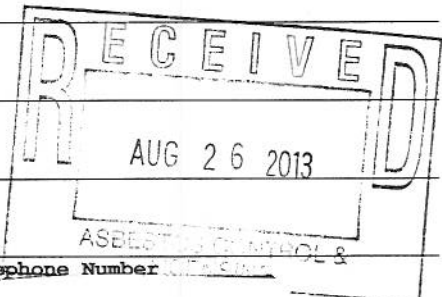
\* Emergency \*

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

CK 3517

Date of Notification (1) 8/21/13		Name of Building Owner/Operator (2) Guttenberg Housing Authority		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  AUG 26 2013 </div>					
Agencies Notified	Type Notification	Street Address 6900 Broadway							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Guttenberg NJ 07093							
		Name of Contact Fatima S Becerril Facility Director		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Guttenberg Housing Authority				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 6900 Broadway				Square Feet 1000+	# of Floors 1+				
City (5) Guttenberg NJ 07093				Bldg. Age 35+					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address 1253 North Church Street		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
City, State, Zip Code Moorestown NJ 08057		Telephone No. 856-840-8800		Telephone No. 856-753-9800	License No. 00727				
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		License No. 00727					
Start Date (10) 8/26/13		Scheduled Completion Date (11) 9/3/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: area closed off				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Main office Area	X			Floor Tile & Mastic	2000 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 9/3/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/22/13		

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

Date of Notification (1) <b>8-20-13</b>		Name of Building Owner/Operator (2) <b>Theresa Holden</b>		
Agencies Notified	Type Notification	Street Address <b>8 Lyons Ave.</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Roseland, NJ, 07068</b>		
		Name of Contact <b>Theresa Holden</b>	Telephone Number <b>973-744-8800</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2100</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>8-29-13</b> Month Day Year		Sched. Completion Date (11) <b>8-30-13</b> Month Day Year		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

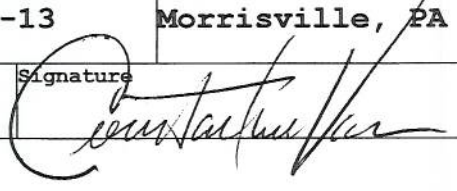
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>80 LF</b>	<b>X</b>			

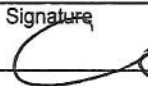
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>9-3-13</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 		Date <b>8-20-13</b>	



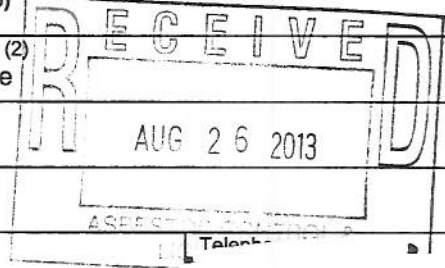
\* Emergency \*

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

ck 3518

Date of Notification (1) 8/22/13		Name of Building Owner/Operator (2) Frank Strugibenetti Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  AUG 26 2013  ASBESTOS </div>					
Agencies Notified	Type Notification	Street Address 123 East Sail Drive							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Richie							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richie Tevere Private Home				Type of Facility (4)					
Street Address 123 East Sail Drive				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Little Egg Harbor NJ 08087				Square Feet 1000+	# of Floors 1				
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. 856-840-8800		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 8/23/13		Scheduled Completion Date (11) 8/27/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Siding			x	Exterior Siding	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 8/27/13	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 8/22/13		

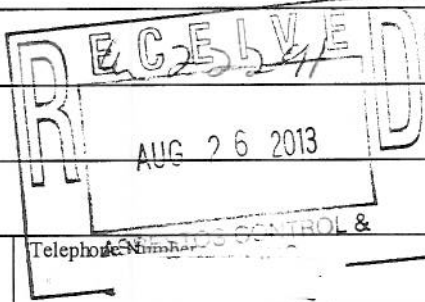
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/21/13		Name of Building Owner/Operator (2) Richie Tevere Private Home							
Agencies Notified	Type Notification	Street Address 15 Kevin Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Richie							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richie Tevere Private Home		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 15 Kevin Lane		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/4/13	Scheduled Completion Date (11) 9/13/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1200 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/13/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/22/13		

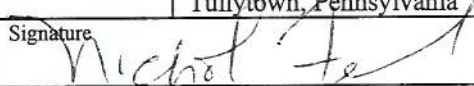


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>August 21, 2013</b>		Name of Building Owner/Operator (2) <b>D &amp; J Mazza</b>		
Agencies Notified	Type of Notification	Street Address <b>P O Box 536</b>		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Oakhurst, NJ 07755</b>		
		Name of Contact <b>D &amp; J Mazza</b>		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>559 Central Avenue</b>					
City <b>Bound Brook</b>	County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Square feet <b>2000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>9/4/13</b>		Scheduled Completion Date (11) <b>9/6/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<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)  YES    NO    N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	65 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>9/9/13</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>8/21/2013</b>		

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



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

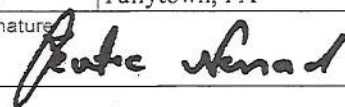
ck  
338

Date of Notice 8/19/13 Type Notification		Name of Building Owner / Operator (2) <b>Jane Todisco</b>		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED  AUG 26 2013  ASBESTOS CONTROL &amp;  LICENSING </div>	
Agencies Notified		Street Address			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation			
		City, State & Zip Code <b>South River, NJ 08882</b> Name of Contact <b>Jane Todisco</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
<b>142 Prospect Street</b>			Square Feet      # of Floors      Bldg. Age <b>2000                      2                      70</b>		
City (5) <b>South River</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>8/30/13</b>	Scheduled Completion Date (11) <b>8/30/13</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition Large Project <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			<input checked="" type="checkbox"/> Renovation Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable		
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>Basement</b>	<b>N/A</b>	<b>TSI</b>	<b>132 LF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>8</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>8/30/13</b>	City, State <b>Tullytown, Pa</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Project Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>8/19/13</b>	



MO#20613935272

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

Date of Notification (1) 08 / 21 / 13		Name of Building Owner/Operator (2) Carolynne Healey							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-5)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 443 Prospect Street							
		City, State, Zip Code Glen Rock, NJ 07452							
		Name of Contact Carolynne Healey							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 443 Prospect Street		Square Feet      # of Floors      Bldg. Age							
City (5) Glen Rock, NJ 07452									
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 08 / 30 / 13		Scheduled Completion Date (11) 08 / 31 / 13	Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E							
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"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 08/21/2013			

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