

COPY

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

APPROVED

NJ Dept. of Health & Senior Services
Frank Marino
 (signature)
 Date: 8/20/13 Time: 2:55PM

Date of Notification (1) Aug. 20, 2013		Name of Building Owner/Operator (2) Church of the Sacred Heart	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	260 High Street	Mount Holly
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact	Telephone Number
		Jason D'Entremont	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sacred Heart School		Type of Facility (4)		
Street Address 250 High Street		<input checked="" type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter B (Other than K-12)	
City (5) Mount Holly		<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (8) Burlington		Square Feet 40,000	# of Floors 2	Bldg. Age 50 years
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) 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	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)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: _____				

Scope of Work (Check All That Apply)

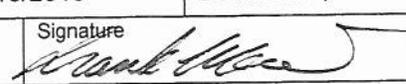
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 if ≥ 180 sf or ≥ 280 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 3 of or ≥ 3 if ≥ 180 sf or ≥ 280 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

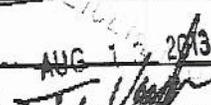
CR# 1380

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		Telephone Number _____				
			City, State, Zip Code Mount Holly						
			Name of Contact Jason D'Entremont						
FACILITY INFORMATION									
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	Bldg. Age 50 years				
City (5) Mount Holly		County (6) Burlington		County Code (7) (STATE USE ONLY) _____					
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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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				

6380-NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:126-7)

Emergency Non-Friable -
Notification Check #: 5830

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; display: inline-block;"> DOL - 10 DAY AUG 13 2013  WARRANT APPROVED </div>
Agency notified	Type of notification	Street Address 701 Ridgewood Road	
<input checked="" type="checkbox"/> OSHA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Clifton, NJ 07013	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Township of Washington	
<input checked="" type="checkbox"/> BOH	<input type="checkbox"/> Cancellation	Name of Contact Dean D'Agostino, Director of Buildings and Grounds	

Name of Facility where Abatement is Taking Place (3) Westwood Regional Jr./Sr. High School		Type of Facility (4) <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 Sldg. Age 80,000 2 50	Current Use (Prior to being demolished) School
City (5) Clifton, NJ	County (6) Bergen	County Code (7) 020	
Township of Washington	Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Name of Monitoring Firm hired by Building Owner (8) TBD	Street Address 180 Sargeant Avenue		
City, State, Zip Code	City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number 00807
Scheduled Start Date (10) 08/14/13	Sched. Completion Date (11) 08/19/13	Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:30PM-11:00PM <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> 25 SF or 25 lf <input checked="" type="checkbox"/> 250 SF or 250 lf		City, State, Zip Code Clifton, NJ 07013	
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot-Enclosure <input type="checkbox"/> Cleaving Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff (13) Y/N/ 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	ENCLOSURE	ENCLOSURE	ENCLOSURE
Gymnasium Vestibules	<input checked="" type="checkbox"/>	Floor Tiles and Mastic	850 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc.	Hauler Waste Hauler ID No. 12609	Cubic Yards of Waste	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

ASB-41 JUN 95

64667

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

OK # 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 [REDACTED]

FACILITY INFORMATION

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.	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
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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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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 _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 162 Oakland Road			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Maplewood		Current Use (Prior if being demolished) House							
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
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) 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"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 <input type="checkbox"/> 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 _____							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 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 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	8 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 <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 <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 034								
		City, State, Zip Code Trenton, New Jersey 08625								
		Name of Contact Allen Pani	Telephone Number [REDACTED]							
FACILITY INFORMATION										
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		Name of OSHA Monitor J&S Environmental Labs								
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"/> ≥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	
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 <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 45 Cedars av		City, State, Zip Code Harvey Cedars NJ 08008 Name of Contact Gay Telephone Number _____				
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Gay Cannizzo Private Home								
	Street Address 45 Cedars av		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Harvey Cedars NJ 08008		Square Feet 1000+	# of Floors 1	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.		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)				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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior 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			

** Emergency **

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 checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 319 Pelhem							
			City, State, Zip Code Long Beach Twp NJ 08008							
			Name of Contact Mr Coskun							
FACILITY INFORMATION										
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. _____	Telephone No. 856-753-9800							
License No. 00727		Name of OSHA Monitor Same								
Start Date (10) 8/24/13	Scheduled Completion Date (11) 8/26/13		Street Address _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			x	Exterior Siding	1800	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			

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

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 138 Elizabeth Avenue			Square feet 2000 sf	# of Floors 1	Bldg. Age 60
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 8/22/13		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		
			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		

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
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) 8/21/2013		Name of Building Owner/Operator (2) JANET PRICE								
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		Street Address 52 PENNINGTON ROAD City, State, Zip Code NEW BRUNSWICK, NJ								
Type Notification Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact DAVID D'ANDREA 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 (i.e., private & commercial buildings)								
Street Address 52 PENNINGTON ROAD		Square Feet	# of Floors Bldg. Age							
City (5) NEW BRUNSWICK, NJ		Current Use (Prior if being demolished)								
County SOMERSET		County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.								
Street Address 1A S. LAWRENCE AVENUE		Street Address 15 BLACK FOREST ROAD								
City, State, Zip Code SEASIDE HEIGHTS, NJ 08751		City, State, Zip Code HAMILTON, NJ 08691								
Project Manager for Monitoring Firm SEASIDE HEIGHTS, NJ 08751		Telephone No. 609-890-7110	License No. 00676							
Start Date (10) 9/3/2013		Scheduled Completion Date (11) 9/3/2013								
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 working hours 5PM-2 AM		Name of OSHA Monitor								
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 checked="" type="checkbox"/> Demolition								
Abatement performed outside of working hours 5PM-2 AM		<input type="checkbox"/> 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)		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	
THROUGHT			NFVAT	300 SQ. FT.		<input checked="" type="checkbox"/>				
BASEMENT			PIPE INSULATION	50 L.F.		<input checked="" type="checkbox"/>				
BASEMENT			ASSOCIATED FITTINGS	5		<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 1 YD.	Name of Registered Landfill GROWS						
City, State WEST CREEK, NJ		Disposal Date 9/5/2013		City, State MORRISVILLE, PA						
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David D'Andrea</i>		Date 8/21/2013					

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* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 8/21/2013		Name of Building Owner/Operator (2) CARRIER CLINIC								
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 P.O. BOX 147								
		City, State, Zip Code BELL MEAD, NJ 08502								
		Name of Contact DAVID D'ANDREA								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) CARRIER CLINIC		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 252 ROUTE 601		Square Feet	# of Floors Bldg. Age							
City (5) BELLE MEAD, NJ		Current Use (Prior if being demolished)								
County SOMERSET		County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.							
Street Address 78 E. ATLANTIC WAY		Street Address 15 BLACK FOREST ROAD								
City, State, Zip Code LAVALLETTE, NJ 08735		City, State, Zip Code 8735								
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676							
Start Date (10) 8/22/2013	Scheduled Completion Date (11) 8/22/2013	Name of OSHA Monitor AMERITECH								
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 ESSENTIAL PERSONNEL		Street Address 78 E. ATLANTIC WAY								
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> CLEAN-UP ONLY		City, State, Zip Code LAVALLETTE, NJ 08735								
<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)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
MAIN BOILER ROOM	<input checked="" type="checkbox"/>			CALCIUM SILICATE	468 S.F	<input checked="" type="checkbox"/>				
TWO (2) STACKS & BREECHING										
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 1 YDS	Name of Registered Landfill GROWS						
City, State WEST CREEK, NJ 08092		Disposal Date 8/26/2013		City, State MORRISVILLE, PA						
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David D'Andrea</i>				Date 9/24/2010			

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

CHECK#23367

Date of Notification (1) 8/21/2013		Name of Building Owner/Operator (2) BERKELEY MEADOWS CARE CENTER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 311 SPRINGFIELD AVENUE	
	City, State, Zip Code BERKELEY HEIGHTS, NJ 07922		Telephone Number
	Name of Contact DAVID D'ANDREA		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BERKELEY MEADOWS CARE CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 311 SPRINGFIELD AVENUE		Square Feet	# of Floors
City (5) BERKELEY HEIGHTS, NJ 07922		Bldg. Age	
County UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address 1A S. LAWRENCE AVENUE		Street Address 15 BLACK FOREST ROAD		
City, State, Zip Code SEASIDE HEIGHTS, NJ 08751		City, State, Zip Code HAMILTON, NJ 08691		
Project Manager for Monitoring Firm ROD MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676	
Start Date (10) 8/22/2013	Scheduled Completion Date (11) 8/28/2013	Name of OSHA Monitor N/A		

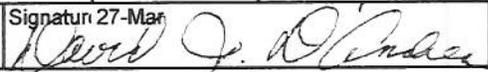
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours aFFECTED AREA HAS BEEN CLOSED FOR REPAIRS	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THERAPY & PATIENT ROOMS				JOINT COMPOUND&DRYWALL	2100 SF	X			

Name of Registered Waste Hauler TIMSTER TRUCKING	NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 10YD.	Name of Registered Landfill GROWS
City, State WEST CREEK, NJ	Disposal Date 8/30/2013	City, State MORRISVILLE, PA	

Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar 	Date 8/21/2013
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ASB-41

* 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)

D&S Proj. #: 13-300

NOCK

Date of Notification (1) <u>10/18/11</u>		Name of Building Owner/Operator (2) <u>Micheal Feehen</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"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>225 Columbus Avenue</u>
			City, State, Zip Code <u>Hasbrouck Heights, NJ 07604</u>
			Name of Contact <u>Micheal Feehen</u>

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Private Residence</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>225 Columbus Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Hasbrouck Heights</u>	County (6) <u>Bergen</u>	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) <u>D & S RESTORATION, INC.</u>		
Street Address _____		Street Address <u>20 California Ave.</u>			
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>			
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>	License Number <u>01169</u>	
Start Date (10) <u>08/29/13</u>	Sched. Completion Date (11) <u>09/12/13</u>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					
Name of OSHA Monitor <u>D & S Restoration, Inc.</u>			Street Address <u>20 California Avenue</u>		
			City, State, Zip Code <u>Paterson, NJ 07503</u>		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> 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)	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"/>			
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	30 LF	<input checked="" type="checkbox"/>			

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

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

D&S Proj. #: 13-300

Date of Notification (1) <u>10</u> / <u>18</u> / <u>11</u> <u>19</u> / <u>11</u> <u>13</u>		Name of Building Owner/Operator (2) <u>Micheal Feehen</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"/> Amended Amendment #: _____	Street Address <u>225 Columbus Avenue</u>	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Hasbrouck Heights, NJ 07604</u>	
		Name of Contact <u>Micheal Feehen</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Private Residence</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>225 Columbus Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Hasbrouck Heights</u>	County (6) <u>Bergen</u>	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) <u>D & S RESTORATION, INC.</u>		
Street Address _____		Street Address <u>20 California Ave.</u>			
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>			
Project Manager for Monitoring Firm _____	Phone Number _____	Telephone Number <u>973-345-8020</u>		License Number <u>01169</u>	
Start Date (10) <u>13</u>	Sched. Completion Date (11) <u>13</u>	Name of OSHA Monitor <u>D & S Restoration, Inc.</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			Street Address <u>20 California Avenue</u>		
			City, State, Zip Code <u>Paterson, NJ 07503</u>		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> 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)	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"/>

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

D&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)
10/18/1911/13

Name of Building Owner/Operator (2)
DON COLTON BACK

Street Address
169 STATE STREET

City, State, Zip Code
BLOOMFIELD, NJ 07003

Telephone Number

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #: _____
 Emergency (including justification)
 Cancellation

Name of Contact
DON COLTON BACK

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
DON COLTON BACK

Street Address
169 STATE STREET

City (5)
BLOOMFIELD

County (6)
ESSEX

County Code (7) (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
09/03/13

Sched. Completion Date (11)
09/16/13

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: NORMAL HOURS

Scope of Work (check all that apply)
 >3 sf or >3 lf Renovation
 ≥160 sf or ≥260 lf Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	15 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	50 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
09/04/13

Signature

Date
08/19/2013

Completed by (Print or Type)
BOGDAN JOLDZIC

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)

D&S Proj. #: 2013-302

CK# 005220

Date of Notification (1) 10/18/1911/13		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		Telephone Number [REDACTED]
	Name of Contact Sandra M. JOHANSON		

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
City (5) HO-HO-KUS	County (6) BERGEN	Bldg. Age	
County Code (7) (State use only) BERGEN		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/29/13	Sched. Completion Date (11) 09/12/13			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input 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)	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 & GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	175 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 08/19/13	City, State TULLYTOWN, PA		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.

D&S Proj. #: 2013-301

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

01#105018

Date of Notification (1)
10/18/19

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #: _____
 Emergency (including justification)
 Cancellation

Name of Building Owner/Operator (2)
EUGENE BUCKLEY

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

Street Address
773 BROAD STREET

City (5)
BLOOMFIELD

County (6)
ESSEX

County Code (7) (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No. _____

Street Address _____

City, State, Zip Code _____

Project Manager for Monitoring Firm _____

Phone Number _____

Start Date (10)
08/30/13

Sched. Completion Date (11)
09/12/13

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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: NORMAL HOURS

Scope of Work (check all that apply)
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf
 Renovation
 Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	36 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
2 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
09/03/13

City, State
TULLYTOWN, PA

Date
08/19/2013

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

* 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)
10/8/2013

Name of Building Owner/Operator (2)
Anne Marie Landrigan

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

Street Address
195 Irving Place

City, State, Zip Code
Rutherford, NJ 07071

Name of Contact
Anne Marie Landrigan

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Anne Marie Landrigan

Street Address
195 Irving Place

City (5)
Rutherford, NJ 07071

County (6)
Bergen

County Code (7)
 (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No. _____

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
09/05/2013

Sched. Completion Date (11)
09/06/2013

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe: _____
 Other-Describe: _____

Scope of Work (check all that apply)

Demolition Renovation

>3 sf or >3 lf ≥160 sf or ≥260 lf

Full Containment w/negative pressure 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			X	thin square duct insulation	48 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			X	thin & thick round duct insulation	93 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"/>

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
09/06/2013

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)

Check # 6068

B & G proj. #: 2013-126

Date of Notification (1)
10/8/2013

Name of Building Owner/Operator (2)
 Gordon Chin

Street Address
 846 Auburn Avenue

City, State, Zip Code
 Ridgewood, NJ 07450

Name of Contact
 Gordon Chin

Telephone Number

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 Gordon Chin

Street Address
 846 Auburn Avenue

City (5)
 Ridgewood, NJ 07450

County (6)
 Bergen

County Code (7)
 (State use only)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
 residential

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

ASCM No.

Name of Abatement Contractor (9)
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 973-696-6869

License Number
 0378

Project Manager for Monitoring Firm Phone Number

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Scheduled Start Date (10)
 09/04/2013

Sched. Completion Date (11)
 09/05/2013

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe:
 Other-Describe:

- Scope of Work (check all that apply)
- Demolition
 - Renovation
 - >3 sf or >3 lf
 - ≥160 sf or ≥260 lf
 - Full Containment w/negative pressure
 - 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			X	pipe insulation	24 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"/>

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
 Tullytown, PA

Disposal Date
 09/05/2013

Signature
 Gordana Luna

Date
 08/21/2013

Completed by (Print or Type)
 Gordana Luna

Title
 Secretary/Treasurer

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) <u>10/8/12 11/13</u>		Name of Building Owner/Operator (2) <u>Lee Wesley</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>499 Ridgewood Road</u>	
		City, State, Zip Code <u>Maplewood, NJ 07040</u>	
		Name of Contact <u>Lee Wesley</u>	Telephone Number <u>[REDACTED]</u>

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Lee Wesley</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>499 Ridgewood Road</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Maplewood</u>	County (6) <u>Essex</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 & 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>09/03/2013</u>	Sched. Completion Date (11) <u>9/04/2013</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address <u>105 Ryerson Road</u>			
		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" 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 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 <u>B & 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 & Recovery Center</u>	
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>09/04/2013</u>	City, State <u>Tullytown, PA</u>		
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>08/21/2013</u>	

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) <u>10/8/12/1/13</u>		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

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	# of Floors	Bldg. Age
City (5) Bloomfield, NJ 07003	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.
Street Address	
City, State, Zip Code	
Project Manager for Monitoring Firm	Phone Number
Scheduled Start Date (10) 09/05/2013	Sched. Completion Date (11) 09/06/2013

Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 105 Ryerson Road	
City, State, Zip Code Lincoln Park, NJ 07035	
Telephone Number 973-696-6869	License Number 0378
Name of OSHA Monitor B & G Restoration, Inc.	
Street Address 105 Ryerson Road	
City, State, Zip Code Lincoln Park, NJ 07035	

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)

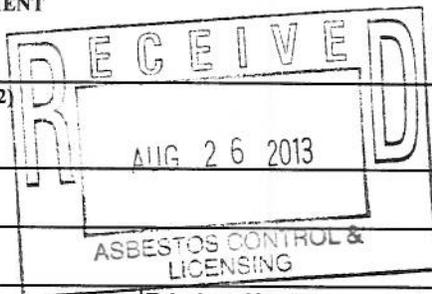
Demolition Renovation Full Containment w/negative pressure wrap & cut
 >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Glovebag procedure Non-friable procedure

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						
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"/>

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	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/21/2013

No check

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 EPA DEP DCA DOH	Type Notification Initial	Street Address P.O. box 2158
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543
	<input checked="" type="checkbox"/> Amended	Name of Contact Robert Otego
	<input type="checkbox"/> 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) <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 70 alexander road - manhole		Square Feet N/A	# of Floors 0
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Bldg. Age 100+
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) <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)

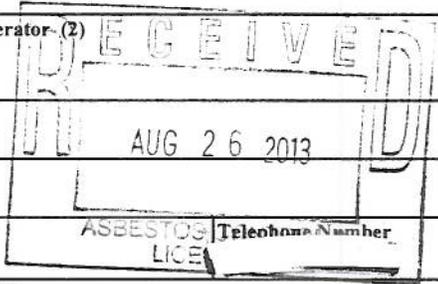
<input checked="" type="checkbox"/> Demolition x >3 sf or >3 lf >160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini - Enclosure
		<input checked="" type="checkbox"/> Glovebag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

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

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

No check

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	Street Address P.O. box 2158
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543
	<input checked="" type="checkbox"/> Amended	Name of Contact Robert Otego
	<input type="checkbox"/> Cancellation	Telephone Number

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 Across street from Princeton Seminary			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 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) <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 type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if >160 sf or >260 lf		<input checked="" type="checkbox"/> Mini - Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (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	E N C L O S U R E	
Manhole outside park deck near seminary	<input checked="" type="checkbox"/>			pipe insulation	4 LF	<input checked="" type="checkbox"/>				

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

No Check

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	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 26 2013 ASBESTOS </div>
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	ASBESTOS Telephone Number: 1-800-452-3333

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 Across street from Princeton Seminary			School (K12)		
			Subchapter 8 (Other than K12)		
City (5) Princeton			x Other (i. e. Private & commercial buildings, homes, etc.)		
			Square Feet	# of Floors	Bldg. Age
County (6)			N/A		
County Code (7) (STATE USE ONLY)			0		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		
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 LaCruce 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)			Licence Number 1103		
<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:			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)

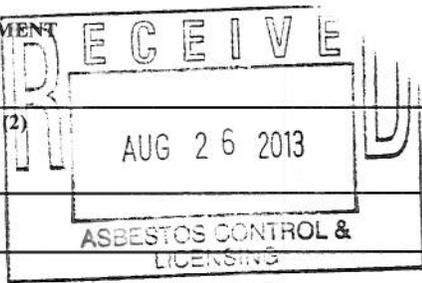
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if >160 sf or >260 lf		<input checked="" type="checkbox"/> Mini - Enclosure
		<input checked=""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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type									
	Yes	No	N/A			R	E	N	E	M	O				
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 8/31/13

No check

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)		
Street Address Near Pyne Hall - manhole			<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.)		
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			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)			Street Address 3370 Progressive Drive		
<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:			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

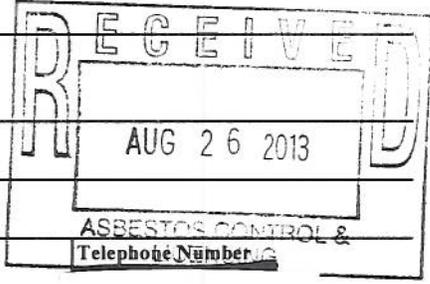
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if >160 sf or >260 lf		<input checked="" type="checkbox"/> Mini - Enclosure
		<input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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (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		
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

No check

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	Street Address P.O. box 2158
	Notification	City, State, Zip Code Princeton NJ 08543
	x - # 1 Amended	Name of Contact Robert Otego
	Notification 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) <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 from parking lot 11			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 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) 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) <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)

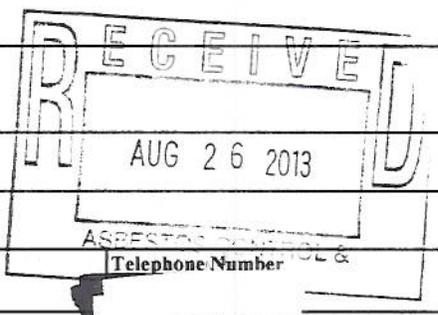
<input checked="" type="checkbox"/> Demolition >3 sf or >3 lf >160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Mini - Enclosure	<input checked="" type="checkbox"/> Glovebag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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type														
	Yes	No	N/A			R	E	M	O	V	A	L								
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 Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 8-23-13

No check

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	Street Address P.O. box 2158	
	Notification	City, State, Zip Code Princeton NJ 08543	
	x- # 1 Amended	Name of Contact Robert Otego	
	Notification Cancellation	Telephone Number	

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 88 college road west -manhole - beginning of steam lin			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 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)

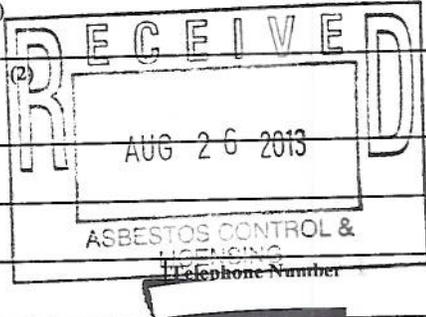
Demolition	<input type="checkbox"/>	Renovation	<input checked="" type="checkbox"/>	Full Containment with Negative Pressure	<input type="checkbox"/>	Mini - Enclosure	<input checked="" type="checkbox"/>
x >3 sf or >3 lf						Glovebag Procedure	<input checked="" type="checkbox"/>
>160 sf or >260 lf				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

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

No check

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	Street Address P.O. box 2158	
	Notification	City, State, Zip Code Princeton NJ 08543	
	x - # 1 Amended	Name of Contact Robert Otego	
	Notification Cancellation	Telephone Number [REDACTED]	

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

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	R	N	E									
						M	E	C	N									
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

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

Check #6071

B & G proj. #: 2013-157

Date of Notification (1)
 08/21/13

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

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

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)

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

Square Feet
 75,000

of Floors
 Bldg. Age
 30+

Current Use (Prior if being demolished)
 Dorm

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

Name of Abatement Contractor (9)
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 973-696-6869

License Number
 0378

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours.
 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 wrap & cut

Mini-enclosure 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	R	E	E
	.Yes	No	N/A						
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"/>

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
 Tullytown, PA

Disposal Date
 08/26/2013

Signature
 Gordana Luna

City, State
 Lincoln Park, NJ 07035

Date
 08/21/2013

Completed by (Print or Type)
 Gordana Luna

Title
 Secretary/Treasurer

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

Street Address
 400 Cedar Avenue

City, State, Zip Code
 West Long Branch, NJ 07764

Name of Contact
 Timothy Orr

APPROVED
 NJ Dept of Health & Senior Services
 Paul C. Homes (signature)
 Date: 8/21/13 Time: 11:07 AM

AUG 26 2013

DECEIVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 The Bluffs Apartments, Apartment 29A

Street Address
 590 Ocean Avenue

City (6)
 Long Branch

County (8)
 Monmouth

County Code (7)
 (State use only)

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

Square Feet
 75,000

of Floors
 30+

Bldg. Age
 30+

Current Use (Prior if being demolished)
 Dorm

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
 609-852-1833

Scheduled Start Date (10)
 08/22/2013

Sched. Completion Date (11)
 08/24/2013

Name of Abatement Contractor (9)
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 973-696-6869

License Number
 0378

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

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 Renovation

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

Full Containment w/negative pressure Mini-enclosure

Wrap & cut Glovebag procedure Non-fragile 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	E	E
	Yes	No	N/A						
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"/>

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

Completed by (Print or Type)
 Gordana Luna

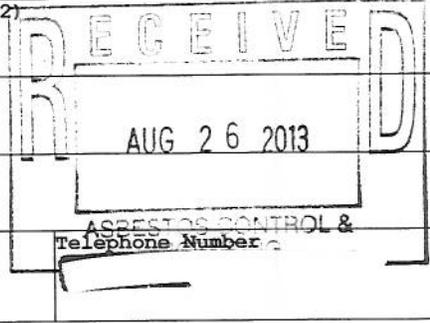
Title
 Secretary/Treasurer

Signature
 Gordana Luna

Date
 08/21/2013

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

Date of Notification (1) 8-20-13		Name of Building Owner/Operator (2) Mrs. Robinson	
Agencies Notified	Type Notification	Street Address 34 Dogwood Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code west Orange, NJ, 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mrs. Robinson	
<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) Same as above			Type of Facility (4)		
Street Address			<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1800	# of Floors 2	Bldg. Age 60
			Current Use (Prior if being demolished)		

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

Scope of Work (Check all that apply)

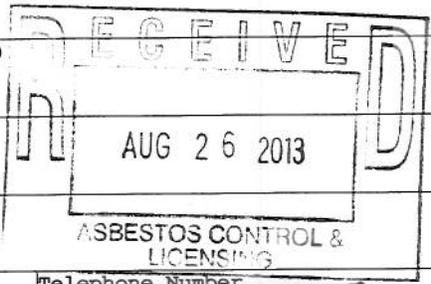
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) <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
Basement			X	Pipe Insulation	80 lf	X			

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

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

No check



Date of Notification (1) 8-12-13		Name of Building Owner/Operator (2) Cyndi Sonnabend	
Agencies Notified	Type Notification	Street Address 86 Greenwood Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Millburn, NJ, 07041	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact Cyndi Sonnabend	
<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) Same as above			Type of Facility (4)		
Street Address			<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 1700	# of Floors 2	Bldg. Age 80
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A		Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 8-22-13	Sched. Completion Date (11) 8-20-13 8/27/13	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one)		Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

Scope of Work (Check all that apply)

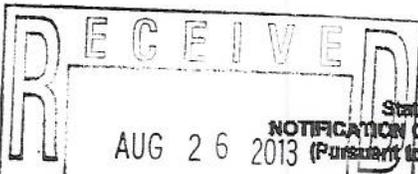
- | | | |
|----------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input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

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 8-27-13	City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8-27-13
-----------------------------------------------------------	---------------------------	---------------	------------------------

8/27/13



Aug 20 2013 03:59pm P001/001

CHECK # 8237

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

Date of Notification (1) 8/20/13		Name of Building Owner/Operator (2) SEAN HUFFMAN		APPROVED NJ Dept. of Health & Senior Services Paul C. Horner (signature) Date: 8/20/13 Time: 2:55PM							
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 (3) ASBESTOS CONTROL <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <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) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 49 ARMOUR ROAD			Square Feet 1,200		# of Floors 2						
City (5) MANTWAH			Bldg. Age +50		Current Use (Prior if being demolished)						
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		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J 07452							
City, State, Zip Code		Telephone No. (201)262-5841		License No. 00156							
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.							
Start Date (10) 8/21/13		Scheduled Completion Date (11) 9/01/13		Street Address 280 Huyler Street							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, N.J 07606									
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		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) 50 SF		Abatement Type			
		Yes No N/A						Removal Repair Encapsulate Endorse			
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			

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

RECEIVED

Aug 20 2013 02:17pm

P001/001

CHECK# 8237

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

AUG 26 2013

APPROVED

NJ Dept. of Health & Senior Services

Paul C. Horner
(Signature)

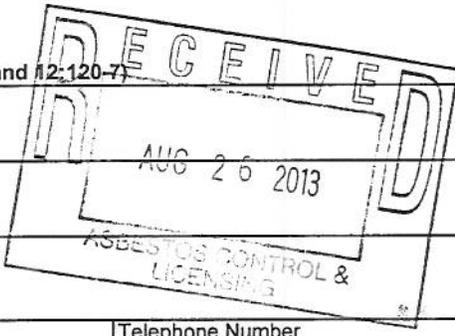
Date: 8/20/13 Time: 1:15 PM

Date of Notification (1) 8/19/13		Name of Building Owner/Operator (2) ASBESTOS CONTROL & JIM VRISCO		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horner</i> (Signature) Date: 8/20/13 Time: 1:15 PM							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address 250 B LIVINGSTON ST		City, State, Zip Code NORTHVALE, N.J. 07647		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		Name of Contact MICHAEL BETTS									
Street Address 250 B LIVINGSTON ST		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 3,200							
City (5) NORTHVALE		County (6) BERGEN		# of Floors 1							
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) COMMERCIAL		Bldg. Age +50							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A.Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452							
City, State, Zip Code		Telephone No. (201)262-5841		License No. 00156							
Project Manager for Monitoring Firm		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							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥2260 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		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
OFFICE				✓	VAT	180 SF	✓				
BATHROOM				✓	VAT	25 SF	✓				
ROOF				✓	ROOFING/FLESHING	3,515 SF	✓				
EXTERIOR WINDOWS				✓	CAULK	14 LF	✓				
Name of Registered Waste Hauler Rovic Transportation		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 30		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 8/20/13		City, State Bethlehem, P.A. 18015							
Completed by Joseph Vaccaro		Title Operations		Signature <i>J. Vaccaro</i>		Date 8/19/13					

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

OK 34528

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



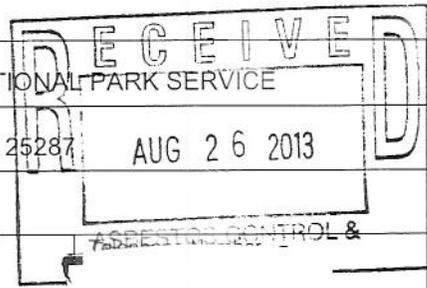
Date of Notification 0 8 2 0 1 3		Name of Building Owner/Operator Merck Sharp & Dohme Corp.	
Agencies Notified USEPA X DEP X DCA/DOL X DOH	Type of Notification Initial Notification X Amended Cancellation	Street Address 556 MORRIS AVENUE	
		City, State, Zip Code Summit, NJ 07901	
		Name of Contact Kevin 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	Age of Bldg. 50+			
City SUMMIT, NJ	County UNION	County Code State use Only	Current Use (prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner AERO ENVIRONMENTAL		ASCM No.	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 Basement Area	Is Location Normally Used by Custodial Staff		Description of ACM to be Removed Pipe Insulation	Amount to be Removed (Specify SF/LF) 40LF	Abatement Type			
	Yes	NO			N/A	Rem.	Rep.	Enc.
	X				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)

CK 18219



Date of Notification (1) 8/22/2013		Name of Building Owner/Operator (2) US DEPT. OF THE INTERIOR - NATIONAL PARK SERVICE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address DENVER SVC CENTER - P.O. BOX 25287	
		City, State, Zip Code DENVER, CO 80225-0287	
		Name of Contact SEAN LOONAN	

FACILITY INFORMATION

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	Telephone No. 973-956-8700	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)

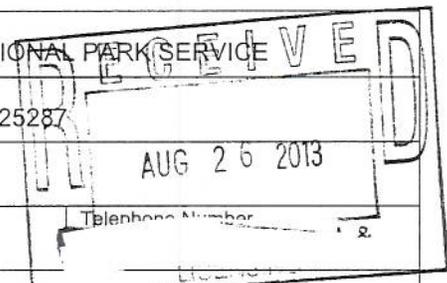
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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		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 <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 DENVER SVC CENTER - P.O. BOX 25287	
		City, State, Zip Code DENVER, CO 80225-0287	
		Name of Contact SEAN LOONAN	

FACILITY INFORMATION

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 <i>Viveca Ramos</i>	Date 8/22/2013	

CK
18221

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 <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 DENVER SVC CENTER - P.O. BOX 25287		City, State, Zip Code DENVER, CO 80225-0287	
Name of Contact SEAN LOONAN		Telephone Number _____	

FACILITY INFORMATION

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
Name of OSHA Monitor SAME AS (9) ABOVE		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	
Street Address		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		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 <i>Viveca Ramos</i>	Date 8/22/2013	

** Emergency **

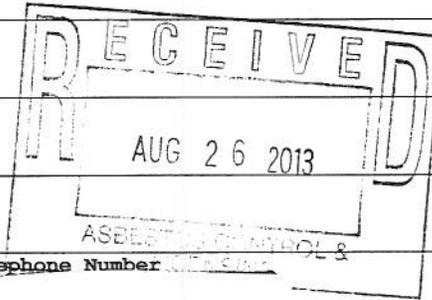
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

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		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		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
City, State, Zip Code Guttenberg NJ 07093		City, State, Zip Code Guttenberg NJ 07093		Telephone Number	
Name of Contact Fatima S Becerril Facility Director		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Guttenberg Housing Authority			
Street Address 6900 Broadway		City (5) Guttenberg NJ 07093		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.)	
County (6) Hudson		County Code (7) (STATE USE ONLY)		Square Feet 1000+	
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.		# of Floors 1+	
Street Address 1253 North Church Street		City, State, Zip Code Moorestown NJ 08057		Bldg. Age 35+	
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Current Use (Prior if being demolished)	
Start Date (10) 8/26/13		Scheduled Completion Date (11) 9/3/13		Name of Abatement Contractor (9) Pernaco 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: area closed off		Name of OSHA Monitor Same		Street Address PO Box 329	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Main office Area		Yes No N/A X		Amount (Specify SF or LF) 2000 SF	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		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) 8-20-13		Name of Building Owner/Operator (2) Theresa Holden	
Agencies Notified	Type Notification	Street Address 8 Lyons Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Roseland, NJ, 07068	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Theresa Holden	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 2100	# of Floors 2	Bldg. Age 80
			Current Use (Prior if being demolished)		

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

Scope of Work (Check all that apply)

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

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

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

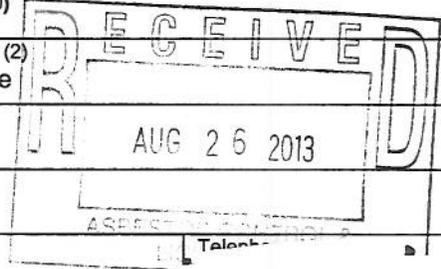
* Emergency *

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

ck 3518
DECEIVE
 AUG 26 2013

Date of Notification (1) 8/22/13		Name of Building Owner/Operator (2) Frank Strugibenetti Private Home									
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 type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 123 East Sail Drive City, State, Zip Code Little Egg Harbor NJ 08087 Name of Contact Richie								
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Richie Tevere Private Home										
	Street Address 123 East Sail Drive City (5) Little Egg Harbor NJ 08087		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ # of Floors 1 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 City, State, Zip Code		Street Address PO Box 329 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		Street Address City, State, Zip Code									
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) 700 SF	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 <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 15 Kevin Lane	
		City, State, Zip Code Manahawkin NJ 08050	
		Name of Contact Richie	

FACILITY INFORMATION

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	Bldg. Age 35+
City (5) Manahawkin NJ 08050		Current Use (Prior if being demolished) home		
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) N/A		
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)

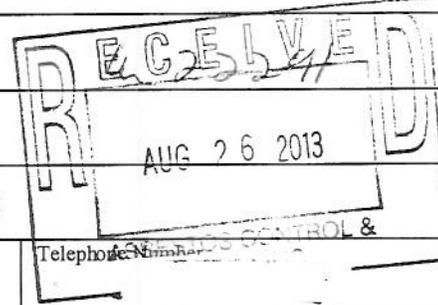
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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) August 21, 2013		Name of Building Owner/Operator (2) D & J Mazza	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P O Box 536
			City, State, Zip Code Oakhurst, NJ 07755
			Name of Contact D & J Mazza



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 559 Central Avenue			Square feet 2000 sf		
City Bound Brook			County (6) Somerset		Bldg. Age 60
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 9/4/13	Scheduled Completion Date (11) 9/6/13	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 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	

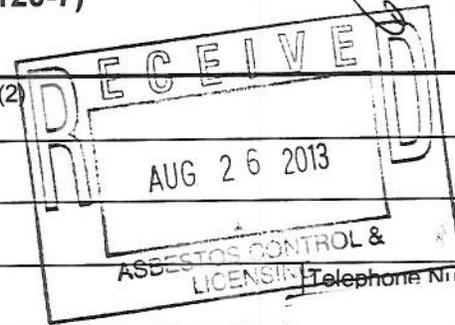
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	65 lf	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 9/9/13		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 8/21/2013

*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) Jane Todisco	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	<input type="checkbox"/> Emergency Notification	Street Address 142 Prospect Street	
	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code South River, NJ 08882	
	<input type="checkbox"/> Amended Notification	Name of Contact Jane Todisco	
	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			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.)		
142 Prospect Street			Square Feet 2000	# of Floors 2	Bldg. Age 70
City (5) South River	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 8/30/13	Scheduled Completion Date (11) 8/30/13		Name of OSHA Monitor Global Abatement Services, LLC		
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: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM			Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable		

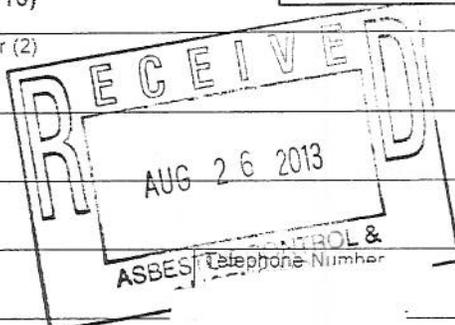
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI	132 LF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 8	Name of Registered Landfill TRRF	
City, State Freehold, NJ		Disposal Date 8/30/13		City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Project Manager	Signature <i>Dominick Tringali</i>		Date 8/19/13

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

MO#20613935272

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	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 443 Prospect Street		Square Feet	# of Floors
City (5) Glen Rock, NJ 07452		Bldg. Age	

County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	

Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 01127
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Start Date (10) 08 / 30 / 13	Scheduled Completion Date (11) 08 / 31 / 13	Name of OSHA Monitor Envirovision Consultants, Inc
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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
	City, State, Zip Code Fair Lawn, NJ 07410

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"/> 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
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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 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 <i>N. Jevtic</i>	Date 08/21/2013

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