

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

VIA FAX

Check # 1021

2012 AUG 31 PM 10:49

Date of Notification (1) 8/22/12		Name of Building Owner/Operator (2) NEEDLE POINT HOMES	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> BCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 108 N. UNION AVE. City, State, Zip Code GRANTORD N.J. 07016 Name of Contact MR STEVE NEEDLE Telephone Number [REDACTED]
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) 614 Ripley PL Street Address City (5) WESTFIELD NJ County (6) UNION		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 2,200 # of Floors 2 Bldg. Age 75 Current Use (Prior if being demolished) RESIDENT
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] Street Address [REDACTED] City, State, Zip Code [REDACTED]		ASCM No. [REDACTED] Name of Abatement Contractor (9) NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code OLD BRIDGE NJ 08857 Telephone No. 732 238-7500 License No. 00806	
Start Date (10) 8/23/12 Scheduled Completion Date (11) 9/1/12		Name of OSHA Monitor NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code OLD BRIDGE NJ 08857	
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:			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION
	Amount (Specify SF or LF) 120 LF		
Name of Registered Waste Hauler NOVATECH INC City, State OLD BRIDGE NJ 08857		NJDEP Waste Hauler ID No. 1850	Cubic Yards of Waste 6 Name of Registered Landfill G.R.O.C.S. City, State PA
Completed by CARLOS AMEIDA Title PRESIDENT		Disposal Date 9/12/12 Signature [Signature] Date 8/22/12	

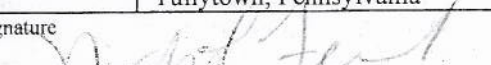
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) August 28, 2012		Name of Building Owner/Operator (2) Bayshore Community Hospital	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	727 North Beers Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Holmdel, NJ 07733	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Janos Angeli	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayshore Community Hospital			Type of Facility (4)		
Street Address 727 North Beers Street			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Holmdel			County (6) Monmouth		
			County Code (7) (STATE USE ONLY)		
Square feet 500,000 sf			# of Floors 5		Bldg. Age 50
Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			ASCM No.		
Street Address 64 Broad Street			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Matawan, NJ 07747			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Tom Geiger			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number 732-290-2217			Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 8/28/12			Name of OSHA Monitor E.M.S.I.L. Analytical		
Scheduled Completion Date (11) 9/14/12			Street Address 1056 Stelton Road		
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 Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
			<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition		
			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
4 North IT Closet		X		Fireproofing	35 sf	X			
4 th floor hallway & office		X		Fireproofing	600 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/17/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	-Signature 	Date 8/28/12

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


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

REC'D 4025

Date of Notification (1) 8/28/12		Name of Building Owner/Operator (2) MS. ANN FRIED					
Agency 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 92 RANGER RD City, State, Zip Code DUMONT, NJ, 07628					
		Name of Contact MS. FRIED	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. FRIED		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 92 RANGER RD		Square Feet 2000	# of Floors 2				
City (5) DUMONT		Bldg. Age 1980					
County (6) BERGEN		Country Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 S. River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 9/12/12	Scheduled Completion Date (11) 9/13/12		Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL INSULATION	Amount (Specify SF or LF) 60 LF	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 14.2 CY	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 9/13/12	City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>		Date 8/28/12			

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

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Date of Notification (1) August 27, 2012		Name of Building Owner/Operator (2) Lois and Ted Kean		2012 AUG 31 PM 10:47	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		120 Treaty Elm	
				City, State, Zip Code Haddonfield, NJ 08033	
		Name of Contact Lois and Ted Kean		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 120 Treaty Elm			<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) Haddonfield			Square Feet 3200	# of Floors 3 floors	Bldg. Age 75 years
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (8) Here Tech, Inc.		ASCM No.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC	
Street Address 1879-I Old Cuthbert Road				Street Address 14 Read Drive	
City, State, Zip Code Cherryhill				City, State, Zip Code Sicklerville, NJ 08081	
Project Manager for Monitoring Firm Subash Rashat, Ph.D		Telephone No. 856-429-5200		Telephone No. 856-318-1341	License No. 01158
Start Date (10) August 29, 2012		Scheduled Completion Date (11) August 31, 2012		Name of OSHA Monitor Graham-Tech Environmental Service, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 14 Read Drive		
<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 Sicklerville, NJ 08081		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement Only		x		VAT	400sf
Name of Registered Waste Hauler American Disposal System		NJDEP Waste Hauler ID No. SW2069		Cubic Yards of Waste	Name of Registered Landfill JP Mascaro - Pioneer Crossing
City, State PO box 348, Lumberton, N.J. 08048		Disposal Date		City, State 727 Red Lane Road, Birdsboro, PA	
Completed by Willis Graham		Title Owner		Signature 	Date 8/27/12

JK
04328

D&S Proj. #: MS 12-300

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

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2012 AUG 31 AM 9:30

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/8/12 14/1/12		Name of Building Owner/Operator (2) FERNANDO CHACON	
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 27 MARMON TERRACE		City, State, Zip Code WEST ORANGE, NJ 07052	
Name of Contact STEVE MATHEWS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FERNANDO CHACON			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 27 MARMON TERRACE			Square Feet		
City (5) WEST ORANGE			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 09/06/12			Sched. Completion Date (11) 09/14/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 09/06/12			Sched. Completion Date (11) 09/14/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment w/negative pressure <input 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 & CLOSETS		<input checked="" type="checkbox"/>		PIPE INSULATION	108 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/07/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/24/12

CR
004329

D&S Proj. #: MS 12-301

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

RECEIVED

2012 AUG 31 AM 9:32

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/8/12 1/12/12		Name of Building Owner/Operator (2) ANTHONY CALI	
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 35 TENNEYSON PLACE		City, State, Zip Code PASSAIC, NJ	
Name of Contact ANTHONY CALI		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANTHONY CALI			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 35 TENNEYSON PLACE			Square Feet		
City (5) PASSAIC			# of Floors		
County (6) PASSAIC			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/06/12		Sched. Completion Date (11) 09/14/12		License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >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	144 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/07/12		City, State TULLYTOWN, PA		Date 08/24/12	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			

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

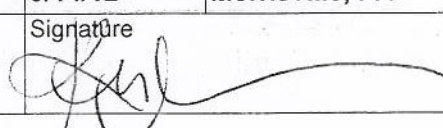
Government Property-
Courtesy Notification ONLY.
No payment due

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

Job #: 1208-1668

Check #: NA

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Date of Notification (1) 8/29/12		Name of Building Owner / Operator (2) U.S. Air Force		2012 AUG 31 AM 9:30					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address McGuire Avenue & E. Arnold Avenue		ASBESTOS CONTROL & LICENSING					
		City, State & Zip Code Wrightstown, NJ 08562							
		Name of Contact Mr. Mark Funk (Owner Rep.)		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) C118 Display-Underground Water Line			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 McGuire Avenue & East Arnold Avenue			Square Feet 150 LF						
City (5) Wrightstown		County (6) Burlington	County Code (7)	# of Floors NA	Bldg. Age NA				
			Current Use (Prior if being demolished) Government Property						
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Thorofare, NJ 08086		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862					
Scheduled Start Date (10) 9/13/12		Scheduled Completion Date (11) 9/14/12		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Friable Procedure & Wrap and Cut					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8" Asbestos Pipe	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12" Asbestos Pipe	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 9/14/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 		Date 8/29/12				

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

Job #: 1208-1665

Check #: NA

RECEIVED

Date of Notification (1) 8/13/12		Name of Building Owner / Operator (2) Park Avenue Community Church	
Agencies Notified	Type Notification	Street Address 107 Park Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Somerdale, NJ 08083	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	Name of Contact Pastor Glenn Marshall	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

2012 AUG 31 AM 9:30

ASBESTOS CONTROL & LICENSING

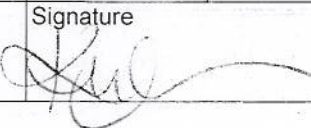
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Tender Hearts Day Care			Type of Facility (4)		
Street Address 107 Park Avenue			<input type="checkbox"/> School (K-12)		
City (5) Somerdale			<input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) Camden			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County Code (7)			Square Feet 2,515	# of Floors 1	Bldg. Age 49 years
			Current Use (Prior if being demolished) Day Care Center		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address PO Box 316			Street Address 3859 Sylon Blvd.		
City, State & Zip Code Thorofare, NJ 08086			City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone Number 856-848-0800	Telephone Number 609-702-0400	License Number 00862	
Scheduled Start Date (10) 8/27/12		Scheduled Completion Date (11) 9/3/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Westmont, NJ 08108		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours					
<input checked="" type="checkbox"/> Describe: SATURDAY WORK, TOO					
<input checked="" type="checkbox"/> Isolated Area: UNOCCUPIED SUB 8					

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Lower level of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Ceiling Material	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date 9/3/12	City, State Morrisville, PA		
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 	Date 8/23/12	

B & G proj. #: 2012-167

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

Non Sub 8

RECEIVED
Check # 5441

Date of Notification (1) <u>10/18/12</u>		Name of Building Owner/Operator (2) <u>Montclair State University</u>		2012 AUG 31 AM 9:29	
Agencies Notified	Type Notification	Street Address <u>1 Normal Avenue</u>			
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Montclair, NJ 07043</u>			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact <u>Amy Ferdinand, Director & RSO</u>		Telephone Number <u>[REDACTED]</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation				
<input checked="" type="checkbox"/> DOH					
<input type="checkbox"/> DCA					

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>The Legge House</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>860 Valley Road</u>			Square Feet <u></u>		
City (5) <u>Montclair, NJ 07043</u>			# of Floors <u></u>		
County (6) <u>Essex</u>			Bldg. Age <u></u>		
County Code (7) (State use only) <u></u>			Current Use (Prior if being demolished) <u>University owned property (non sub 8)</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Whitman Company</u>		ASCM No. <u>00110</u>		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address <u>116 Tices Lane, Unit B-1</u>				Street Address <u>105 Ryerson Road</u>	
City, State, Zip Code <u>East Brunswick, NJ 08816</u>				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Project Manager for Monitoring Firm <u>Kevin Lovely</u>		Phone Number <u>732-390-5858</u>		Telephone Number <u>973-696-6869</u>	
Scheduled Start Date (10) <u>9/7/2012</u>		Sched. Completion Date (11) <u>9/9/2012</u>		License Number <u>0378</u>	
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: work shift 4:00 pm - 12:00 midnight					
<input type="checkbox"/> Other-Describe: <u></u>					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Room 26			<input checked="" type="checkbox"/>	ceiling plaster	18 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>9/10/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>8/28/2012</u>

B & G proj. #: 2012-166

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

RECEIVED

AM 9:28

Check # 5440

A H H H COPY

2012 AUG 31
ASBESTOS CONTROL
& LICENSING
13 DAY

AUG 28 2012

76

Date of Notification (1)

08/18/12

Name of Building Owner/Operator (2)

Fair Lawn Board of Education

Street Address

37-01 Fair Lawn Avenue

City, State, Zip Code

Fair Lawn, NJ 07410

Name of Contact

Tom Senko

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)

Thomas Edison School (NON Sub 8)

Street Address

37-01 Fair Lawn Avenue

City (5)

Fair Lawn

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)

School (non sub 8)

Name of Monitoring Firm Hired by Bldg Owner (8)

ASCM No

n/a

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

Scheduled Start Date (10)

8/28/12

Sched. Completion Date (11)

8/31/12

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☒ Abatement performed outside of normal facility hours-
Describe: 6:30 p.m. - 2:00 a.m.☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

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

boiler room

Boiler spine insulation

20 sf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2 yardsName of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJ 07035Disposal Date
08/30/2012City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Treasurer

Signature

Gordana Luna

Date
8/28/12

B & G proj. #: 2012-166

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

Check # 5440

Date of Notification (1)

10/18/12 11/12

Name of Building Owner/Owner (2)

Fair Lawn Board of Education

Street Address

37-01 Fair Lawn Avenue
ASBESTOS CONTROL & LICENSING

City, State, Zip Code

Fair Lawn, NJ 07410

Name of Contact

Tom Senko

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 8/28/12 Time: 11:23 AM

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amendment
☐ Cancellation

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Thomas Edison School (NON Sub 8)

Street Address

37-01 Fair Lawn Avenue

City (5)

Fair Lawn

County (6)

Bergen

County Code (7)
(State use only)

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

ASCM No.
n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

8/28/12

Sched. Completion Date (11)

8/31/12

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.
☒ Abatement performed outside of normal facility hours-
Describe: 6:30 p.m. - 2:00 a.m.
☐ Other-Describe:

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)
School (non sub 8)

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

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ Full Containment w/negative pressure☐ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff (12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

R	R	E	E
e	e	n	n
m	p	c	c
o	a	a	a
v	i	b	b
e	t		
<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"/>

boiler room

Boiler spine insulation

20 sf

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

City, State

Lincoln Park, NJ 07035

Disposal Date
08/30/2012City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Treasurer

Signature

Gordana Luna

Date
8/28/12

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

B & G proj. #: 2012-166

Emergency Non Sub 8

Check # 5440

Date of Notification (1) 10/18/12		Name of Building Owner/Operator (2) Fair Lawn Board of Education		2012 AUG 31 AM 9:28	
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 37-01 Fair Lawn Avenue City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Tom Senko Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Thomas Edison School (NON Sub 8) Street Address 37-01 Fair Lawn Avenue City (5) Fair Lawn County (6) Bergen County Code (7) (State use only)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Scheduled Start Date (10) 8/28/12 Sched. Completion Date (11) 8/31/12 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: 6:30 p.m. - 2:00 a.m. <input type="checkbox"/> Other-Describe:		ASCM No. n/a		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	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	Boiler spine insulation	20 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 08/30/2012		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Treasurer	Signature Gordana Luna		Date 8/28/12

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

RECEIVED

Date of Notification (1) 8-30-2012		Name of Building Owner/Operator (2) Moorestown Friends Associates		2012 AUG 31 AM 9:26					
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 110 E. Main Steet City, State, Zip Code Morrestown NJ 08057 Name of Contact Lisa Carbone Warren Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former ACME			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 123 Chester Avenue			Square Feet 14,000						
City (5) Morrestown NJ 08057			# of Floors 1		Bldg. Age 1951				
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No. _____		Name of Abatement Contractor (9) ecoservices, LLC					
Street Address 215 West Church Street		Street Address 407 W. Lincoln Highway							
City, State, Zip Code King Of Prussia PA19406		City, State, Zip Code Exton PA 19341							
Project Manager for Monitoring Firm Tony Alessndrini		Telephone No. 610-265-1510		Telephone No. 484-872-8884					
Start Date (10) 9-17-2012		Scheduled Completion Date (11) 10-5-2012		License No. 01161					
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 EMSL						
Street Address 200 Route 130 North			City, State, Zip Code Cinnaminson NJ 08077						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Facility			X	VAT/ Mastic	9450sf	X			
2nd Floor Area			X	Pipe Insulation	60lf	X			
Exterior			X	Window caulk/ glazing	360 lf	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill				
City, State Philadelphia PA				Disposal Date TBD	City, State Morrissville PA				
Completed by Dave Ogletree		Title Project Manager		Signature 		Date 8-30-2012			

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

RECEIVED

Date of Notification (1) <u>08 / 30 / 2012</u>		Name of Building Owner/Operator (2) <u>Macerich</u>		2012 AUG 31 AM 9:25					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>401 Wilshire Blvd.</u> City, State, Zip Code <u>Santa Monica, CA 90401</u> Name of Contact <u>Aladdin Ghafari</u> Telephone Number <u>[REDACTED]</u>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Deptford Mall</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <u>Clements Bridge Road</u>			Square Feet <u>± 1,000,000</u> # of Floors <u>2</u> Bldg. Age <u>40</u>						
City (5) <u>Deptford</u>		County (6) <u>Gloucester</u>		County Code (7) (STATE USE ONLY) <u>Retail</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC Associates</u>		ASCM No.		Name of Abatement Contractor (9) <u>ecoservices, LLC</u>					
Street Address <u>3 Terri Lane</u>		City, State, Zip Code <u>Burlington, NJ</u>		Street Address <u>407 W. Lincoln Highway</u>					
Project Manager for Monitoring Firm <u>John Lutz</u>		Telephone No. <u>609-386-8800</u>		Telephone No. <u>484-872-8884</u>					
Start Date (10) <u>08 / 30 / 12</u>		Scheduled Completion Date (11) <u>08 / 30 / 12</u>		License No. <u>01161</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 Time of Abatement: _____ AM- _____ PM- _____ AM <input checked="" type="checkbox"/> Other-Tenant space unoccupied for duration of abatement			Name of OSHA Monitor <u>EMSL</u>						
Street Address <u>200 Route 130 North</u> City, State, Zip Code <u>Cinnaminson, NJ</u>			Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>Space 2060</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Asbestos Mastic</u>	<u>80 SF</u>	<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 <u>Service Transport</u>		NJDEP Waste Hauler ID No. <u>SW-217</u>		Cubic Yards of Waste <u>1</u>		Name of Registered Landfill <u>Minerva Landfill</u>			
City, State <u>New Castle, DE</u>		Disposal Date <u>TBD</u>		City, State <u>Waynesburg, OH</u>					
Completed By (Print or Type) <u>Jack Bally</u>		Title <u>Sr. Project Manager</u>		Signature <u>Jack Bally</u>		Date <u>8/30/12</u>			

ASB-41
MAY 11

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

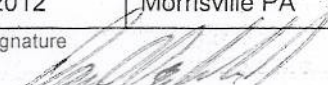
Waiver of 10 day period approved by
Tom Voorhees - 8/29/12 - 2:00 pm. via phone with Jack Bally.

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

RECEIVED


2012 AUG 31 AM 9:01

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8-29-2012		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Company, LLC							
Agencies Notified	Type Notification	Street Address 563 & 565 Eagle Rock Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland NJ 07068							
		Name of Contact Mike Maben	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ITW Building		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 565 Eagle Rock Avenue		Square Feet 62,000	# of Floors 1						
City (5) Roseland		Bldg. Age 1973							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) manufacturing / office							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Inc.		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 34 E. Germantown Pike		Street Address 407 W. Lincoln Highway							
City, State, Zip Code E. Norriton PA 19401		City, State, Zip Code Exton PA 19341							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 9-10-2012	Scheduled Completion Date (11) 10-1-2012	Name of OSHA Monitor EMSL							
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 200 Route 130 North							
		City, State, Zip Code Cinnaminson NJ 08077							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Flashings, penetrations, tar	507sf	X			
North Kitchen			X	VAT/ Mastic	275sf	X			
Northwest Computer room			X	VAT/ mastic	275sf	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill				
City, State Philadelphia PA				Disposal Date 10-1-2012	City, State Morrisville PA				
Completed by Dave Ogletree		Title Project Manager		Signature 			Date 8-29-2012		

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

RECEIVED

Date of Notification (1) 8-29-2012		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Company, LLC							
Agencies Notified	Type Notification	Street Address 563 & 565 Eagle Rock Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland NJ 07068							
		Name of Contact Mike Maben	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Geswelli Building		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 563 Eagle Rock Avenue		Square Feet 23,000	# of Floors 1						
City (5) Roseland		Bldg. Age 1967							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) manufacturing / office							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Inc.		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 34 E. Germantown Pike		Street Address 407 W. Lincoln Highway							
City, State, Zip Code E. Norriton PA 19401		City, State, Zip Code Exton PA 19341							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	Telephone No. 484-872-8884						
Start Date (10) 9-10-2012		Scheduled Completion Date (11) 10-1-2012	License No. 01161						
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 200 Route 130 North							
		City, State, Zip Code Cinnaminson NJ 08077							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Flashings, penetrations, tar	816sf	X			
North Kitchen			X	VAT/ Mastic/ wall mastic	2190sf	X			
Exterior			X	Transite/ window caulk	450sf/ 650lf	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Landfill					
City, State Philadelphia PA			Disposal Date 10-1-2012	City, State Morrisville PA					
Completed by Dave Ogletree		Title Project Manager		Signature 			Date 8-29-2012		

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

RECEIVED
2012 AUG 31 AM 9:00
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8-29-2012		Name of Building Owner/Operator (2) Phillipsburg Associates, LP							
Agencies Notified	Type Notification	Street Address 222 Cameron Drive, Suite 110							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg NJ 08865							
		Name of Contact Dave Zimmerman	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Phillipsburg Commerce Park		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 Building 8, 149 Bronico Way		Square Feet 65,000	# of Floors 1						
City (5) Phillipsburg		Bldg. Age 109yrs							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 215 West Church Road		Street Address 407 W. Lincoln Highway							
City, State, Zip Code King Of Prussia, PA 19406		City, State, Zip Code Exton PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 610-265-1510	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 9-10-2012 9/11/12 DO.	Scheduled Completion Date (11) 9-11-2012 9/12/12 DO.	Name of OSHA Monitor EMSL							
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: Work day shift in non occupied area		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Elevated Steam Pipe		X		Pipe Insulation	104lf	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste .65	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg Ohio					
Completed by Dave Ogletree		Title Project Manager		Signature 		Date 8-29-2012			

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

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2012 AUG 31 AM 8:58
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>8</u> / <u>30</u> / <u>12</u>		Name of Building Owner/Operator (2) PENNROSE PROPERTIES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE BREWERY PARK, 1301 NORTH 31ST STREET City, State, Zip Code PHILADELPHIA, PA 19121-4495 Name of Contact HARRY MOODY Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1513 NEWPORT		Square Feet 1582	# of Floors 2						
City (5) CAMDEN		Bldg. Age 94							
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) EHS	ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS INC							
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY	Telephone No. 1856-224-0081	Telephone No. 215 322-2900	License No. 00783						
Start Date (10) <u>9</u> / <u>10</u> / <u>12</u>	Scheduled Completion Date (11) <u>10</u> / <u>31</u> / <u>12</u>	Name of OSHA Monitor CRITERION LABS							
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: <u>7AM-3:30PM</u> / <u>MON-FRIPM</u> -____AM		Street Address 3370 PROGRESS DRIVE City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN WALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT AND STEPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINOLEUM	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE/CDV	Title PROJECT MGR.	Signature <i>Damian Lavelle</i>				Date <u>8/30/12</u>			

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

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2012 AUG 31 AM 8:57

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8 / 30 / 12		Name of Building Owner/Operator (2) PENNROSE PROPERTIES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE BREWERY PARK, 1301 NORTH 31ST STREET City, State, Zip Code PHILADELPHIA, PA 19121-4495 Name of Contact HARRY MOODY							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1511 NEWPORT									
City (5) CAMDEN		Square Feet 1582	# of Floors 2						
		Bldg. Age 94							
County (6) CAMDEN	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) EHS		Name of Abatement Contractor (9) DELTA/BJDS INC							
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 1856-224-0081	License No. 00783						
Start Date (10) 9 / 10 / 12	Scheduled Completion Date (11) 10 / 31 / 12	Name of OSHA Monitor CRITERION LABS							
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: 7AM-3:30PM/MON-FRIPM- AM		Street Address 3370 PROGRESS DRIVE City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINOLEUM	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN UNDER LINOLEUM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROWN FLOOR TILE	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN WALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DUCT INSULATION	200 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE/CDV		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>			Date 8/30/12			

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

RECEIVED

Date of Notification (1) 8 / 30 / 12		Name of Building Owner/Operator (2) PENNROSE PROPERTIES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address ONE BREWERY PARK, 1301 NORTH 31ST STREET		City, State, Zip Code PHILADELPHIA, PA 19121-4495							
Name of Contact HARRY MOODY		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1048 EVERETT		Square Feet 1260							
City (5) CAMDEN		# of Floors 2							
County (6) CAMDEN		Bldg. Age 100							
County Code (7) (STATE USE ONLY) CAMDEN		Current Use (Prior if being demolished) HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) EHS		Name of Abatement Contractor (9) DELTA/BJDS INC							
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 215 322-2900							
Telephone No. 1856-224-0081		License No. 00783							
Start Date (10) 9 / 10 / 12		Scheduled Completion Date (11) 10 / 31 / 12							
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: 7AM-3:30PM/MON-FRI PM-____AM		Name of OSHA Monitor CRITERION LABS							
Street Address 3370 PROGRESS DRIVE		City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
SECOND FL HALL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECOND FL MIDDLE BEDROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE AND MASTIC	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECOND FL BATHROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINOLEUM	50 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE, NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) DAMIAN LAVALLE/CDV		Title PROJECT MGR.		Signature <i>Damian Lavelle</i>		Date 8/30/12			

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

RECEIVED

Date of Notification (1) 8 / 30 / 12		Name of Building Owner/Operator (2) PENNROSE PROPERTIES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE BREWERY PARK, 1301 NORTH 31ST STREET							
		City, State, Zip Code PHILADELPHIA, PA 19121-4495							
		Name of Contact HARRY MOODY	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1583 SOUTH 10TH		Square Feet 1274	# of Floors 2						
City (5) CAMDEN		Bldg. Age 83							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS INC						
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 1856-224-0081	License No. 00783						
Start Date (10) 9 / 10 / 12	Scheduled Completion Date (11) 10 / 31 / 12	Name of OSHA Monitor CRITERION LABS							
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: 7AM-3:30PM/MON-FRI PM-____AM		Street Address 3370 PROGRESS DRIVE							
		City, State, Zip Code BENSALEM PA 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FLOOR TILE	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE/CDV		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>			Date 9/30/12			

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

Date of Notification (1) 8 / 30 / 12		Name of Building Owner/Operator (2) PENNROSE PROPERTIES							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE BREWERY PARK, 1301 NORTH 31ST STREET City, State, Zip Code PHILADELPHIA, PA 19121-4495							
		Name of Contact HARRY MOODY	Telephone Number L						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 935 LANSLOWNE AVE		Square Feet 1456	# of Floors 2						
City (5) CAMDEN		Bldg. Age 93							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) EHS		Name of Abatement Contractor (9) DELTA/BJDS INC							
Street Address 411 SOUTHGATE COURT SUITE E		Street Address 1345 INDUSTRIAL BLVD							
City, State, Zip Code MICKLETON NJ 08056		City, State, Zip Code SOUTHAMPTON, PA 18966							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 1856-224-0081	License No. 00783						
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Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
THROUGH-OUT RESIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WINDOW CAULK		<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 SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) DAMIAN LAVELLE/CDV		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>		Date 8/30/12				