

CK
22080

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

RECEIVED

2012 DEC -3 PM 1:23

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <u>11</u> / <u>30</u> / <u>12</u>		Name of Building Owner/Operator (2) Verizon	
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 1095 6th Avenue	
		City, State, Zip Code New York, NY 10036	
		Name of Contact Alex Baylor	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Pompton Lakes Central Office		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 8 Hamburg TPKE		Square Feet 10000	# of Floors 2
City (5) Riverdale, NJ		Bldg. Age 40	
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 29717	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 1253 North Church Street		Street Address 47 Foster Road		
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Staten Island NY 10309		
Project Manager for Monitoring Firm Harold Balwin		Telephone No. 856-840-8800	Telephone No. 718-605-6256	License No. 00774

Start Date (10) <u>12</u> / <u>11</u> / <u>12</u>	Scheduled Completion Date (11) <u>12</u> / <u>18</u> / <u>12</u>	Name of OSHA Monitor Testor Tech	
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>8</u> AM- <u>4</u> PM- <u>00</u> PM- <u>00</u> AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC, NY 11101	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input 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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	2200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Global Waste Industries Inc		NJDEP Waste Hauler ID No. NJ-22171	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises Inc	
City, State Hackettstown, NJ		Disposal Date 12/18/2012	City, State Waynesburg, OH		
Completed By (Print or Type) John Tardy	Title Senior Project Manager	Signature <i>John Tardy</i>		Date 11/30/12	

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

Date of Notification (1) 11-27-12		Name of Building Owner/Operator (2) Jane Lee	
Agencies Notified [] EPA [] DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH [] DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	Street Address 85 Park St.	RECEIVED 2012 DEC -3 PM 1:58
		City, State, Zip Code Montclair, NJ, 07042	ASBESTOS CONTROL & LICENSING
		Name of Contact Jane Lee	Telephone Number

FACILITY INFORMATION

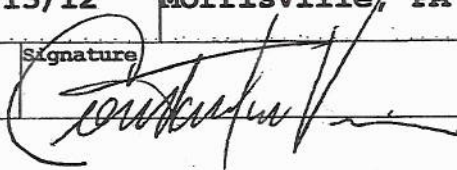
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 85 Park St.			Square Feet 2200	# of Floors 3	Bldg. Age 75
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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) 12/7/12 Month Day Year	Sched. Completion Date (11) 12/12/12 Month Day Year	Name of OSHA Monitor N/A			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <OffHours Descript> [] Other - Describe: <Other Occupancy Descript>		Street Address			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code			

- | | | |
|--|--|---|
| <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-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	R	E	E	N	N		
Basement			X	Plaster Ceiling	1,100 SF	X							
Basement			X	Pipe insulation	160 LF	X							

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 10.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/13/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 12/27/12	

No check

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

Check No. No Fee

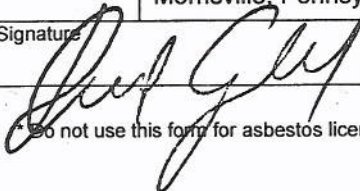
RECEIVED

Date of Notification (1) November 27, 2012		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27D4</small> <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 Building 80, 2nd Floor City, State, Zip Code Newark, NJ 07114 Name of Contact Ralph Campione				
		Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Terminal B, B3 Concourse Entrance		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Terminal B, Newark Liberty International Airport		Square Feet 24000	# of Floors 2			
City (5) Newark		Bldg. Age 40 +/-				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Terminal				
Name of Monitoring Firm Hired by Building Owner PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.				
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue				
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011				
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120			
Start Date (10) December 09, 2012	Scheduled Completion Date (11) March 31, 2013	Name of OSHA Monitor McCabe Environmental Services, L.L.C.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 464 Valley Brook Avenue				
		City, State, Zip Code Lyndhurst, NJ 07071-1998				
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) 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
Terminal B, B3 Concourse Entrance	X	Fireproofing	854 sq ft	X		
Name of Registered Waste Hauler Jimmy Byrne Trucking	NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 15	Name of Registered Landfill Minerva Enterprises, Inc.			
City, State Bronx, NY		Disposal Date 12/11/2012 - 03/31/2013	City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Project Manager	Signature 		Date 11/27/2012		

No check

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

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Date of Notification (1) 11/16/12		Name of Building Owner/Operator (2) Beacon Redevelopment LLC		2012 DEC -3 PM 1:57								
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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 4 Beacon Way, Suite 16								
				ASBESTOS CONTROL & LICENSING								
		City, State, Zip Code Jersey City, NJ 07304		Telephone Number								
		Name of Contact Nick Allegretta, P.M.										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Paramount 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 4 Beacon Way			Square Feet 230,000	# of Floors 23	Bldg. Age 50+							
City (5) Jersey City		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)								
County (6) Hudson County		Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories, LLC		ASCM No.								
		Name of Abatement Contractor (9) Pyramid Contracting Corp.										
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue										
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013										
Project Manager for Monitoring Firm Sherrill Gelsomino		Telephone No. 908-206-0073		Telephone No. 973-689-6281	License No. 01099							
Start Date (10) 11/26/12		Scheduled Completion Date (11) 01/31/13		Name of OSHA Monitor J&S Environmental Laboratories LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West									
			City, State, Zip Code Union, NJ 07081									
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 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			
									Removal	Repair	Encapsulate	Enclosure
1st Floor		Yes	No	N/A	Pipe Insulation		500 LF		X			
Mezzanine Level			X		Pipe Insulation		500 LF		X			
Name of Registered Waste Hauler Pyramid Contracting Corp.			NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date		City, State Morrisville, Pennsylvania							
Completed by Dimo Golcev			Title General Manger		Signature 			Date 11/27/12				

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

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Date of Notification (1) November 28, 2012		Name of Building Owner / Operator (2) JP Morgan Chase & Co.	
Agencies Notified	Type Notification	Street Address	
<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"/> Cancellation	57 Diamond Spring Road City, State & Zip Code Denville, NJ 07834 Name of Contact Damiano Albanese	
		Telephone Number	

2012 DEC -3 PM 1:36
**ASBESTOS CONTROL
& LICENSING**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		Type of Facility (4)	
Street Address 57 Diamond Spring Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Denville		Square Feet 6,500	# of Floors 2
County (6) Morris		Bldg. Age 63	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) The Louis Berger Group		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 412 Mount Kemble Avenue		Street Address 829 Radio Road	
City, State & Zip Code Morristown, NJ 07960		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Bruce Lockwood		Telephone Number 973-407-1000	License Number 00817
Scheduled Start Date (10) December 8, 2012	Scheduled Completion Date (11) December 28, 2012		Name of OSHA Monitor Synatech, Inc.
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 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 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
Rear Closet			x	Drywall / Joint Compound	220 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date December 28, 2012		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date November 28, 2012	

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

No check

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
Original ck 20797

2012 DEC -3 PM 1:35

ASBESTOS CONTROL & LICENSING

Date of Notification (1) November 28, 2012		Name of Building Owner/Operator (2) F Squared	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [x] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 12 Little John Place	
		City, State, Zip Code White Plains, NY 10605	
		Name of Contact Greg Fricke	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 K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 335 North 6 th Street			Square feet 1500 sf		
City Surf City		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
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		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 11/28/12		Scheduled Completion Date (11) 11/29/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] 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 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
Exterior-house		X		Asbestos siding	1150 sf	X			
Exterior-garage		X		Asbestos siding	600 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 11/30/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 11/28/2012		

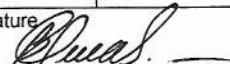
*Do not use this form for asbestos licensure exempted activities.

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

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2012 DEC -3 PM 1:31

**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 11/27/12		Check# 2329		Name of Building Owner/Operator (2) Trinitas Regional Medical Center					
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 225 Williamson Street						
			City, State, Zip Code Elizabeth, NJ 07207						
			Name of Contact Brian Akers			Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center-North Building-7th Floor				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 225 Williamson Street				Square Feet 60,000	# of Floors 8				
City (5) Elizabeth, NJ 07207				Bldg. Age 65+					
County (6) UNION		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address n/a				Street Address 426 - 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 12/6/12		Scheduled Completion Date (11) 12/9/12		Name of OSHA Monitor EA Services Corporation					
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: Starting at 5:00 PM				Street Address same as above					
				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
7th Floor-North Bldg-Room 5		x		Floor tile (no mastic)	12 SF	x			
7th Fl-Northeast corner room		x		Floor tile (no mastic)	12 SF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management			
City, State PO Box 5010				Disposal Date tbd		City, State Tullytown Landfill			
Completed by Gina Salvador		Title Office Manager		Signature 		Date 11/27/2012			

1689

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

2012 DEC -3 PM 1:28

Date of Notification (1) 11-29-12		Name of Building Owner/Operator (2) ST. BRIDGET'S SENIOR RESIDENCE URBAN RENOVAL	
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 26 PARK STREET	
		City, State, Zip Code MONTCLAIR N.J., 07042	
		Name of Contact Sohn	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ST BRIDGETS R.C.C. PROPERTY		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.)	
Street Address 370 MONTGOMERY STREET		Square Feet 10,000	# of Floors 3
City (5) Jersey City		Bldg. Age 80+	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CHURCH COMPLEX	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-294-1757	License No. 00029

Start Date (10) 12-9-12	Scheduled Completion Date (11) 12-30-12	Name of OSHA Monitor ACE INSULATION CO INC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM		Street Address 95 MONTROSE RD
		City, State, Zip Code COLTS NECK NJ 07722

Scope of Work (Check all that apply)

> 1 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

Renovation
 Demolition

Full Containment with 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	Encapsulate	Enclosure
Basements			<input checked="" type="checkbox"/>	PIPS	2600 LF	<input checked="" type="checkbox"/>			
MAIN FLOORS				TILE & MASTIC	6500 SF	<input checked="" type="checkbox"/>			
Basement				FLUO BREGGING	12 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ACE INSULATION CO INC	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 30	Name of Registered Landfill ICSI
City, State COLTS NECK NJ 07722	Disposal Date 12/31	City, State BETHLEM PA	
Completed By Jack GALL	Title OPS MGR	Signature Jack Gall	Date 11-28-12

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

1689 RECEIVED

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

2012 DEC -3 PM 1:29

Date of Notification (1) 11-29-12		Name of Building Owner/Operator (2) T E ADELPHIA ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <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 29 MURPHY CIR	
		City, State, Zip Code FLORHAM PARK NJ 07932	
		Name of Contact EMILIA ADALMA	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) T E ADELPHIA GROUP		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 288 HILLSIDE AVE		Square Feet 1800	# of Floors 2
City (5) FLORHAM		Bldg. Age 75	
County (6) MUNNIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD		
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 294 1757	License No. 00029

Start Date (10) 12-9-12	Scheduled Completion Date (11) 12-13-12	Name of OSHA Monitor ACE INSULATION CO INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address 95 MONTROSE RD	
		City, State, Zip Code COLTS NECK NJ 07722	

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-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			Remove	Repair	Enclose	Enclose
BASMENT			<input checked="" type="checkbox"/>	PIPE	100 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ACE INSULATION CO INC		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill IGSI	
City, State COLTS NECK NJ 07722		Disposal Date 12-13-12	City, State REHLEEM PA		
Completed By Jack GALL	Title OPS MGR	Signature Jack Gall	Date 11-28-12		

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

CK # 24980

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

RECEIVED

2012 DEC -3 PM 1:28

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>11/29/12</u>		Name of Building Owner/Operator (2) <u>Mr. Joseph Patsco</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>33 Rumson Rd</u>							
		City, State, Zip Code <u>Little Silver, NJ 07739</u>							
		Name of Contact <u>Joe Patsco</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>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 (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>33 Rumson Road</u>		Square Feet <u>3000</u>	# of Floors <u>2</u>						
City (5) <u>Little Silver, NJ</u>		Bldg. Age <u>75</u>							
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>12/11/12</u>	Scheduled Completion Date (11) <u>12/15/12</u>	Name of OSHA Monitor <u>MECS</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 <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" 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)	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>Basement</u>			<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>	<u>180LF</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>	<u>40SF</u>				
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/17/12</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature _____			Date <u>11/29/12</u>				

CK
004577

D&S Proj. #: MS 12-415

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

RECEIVED

2012 DEC -3 PM 1:21

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/12/16		Name of Building Owner/Operator (2) JUSTIN ROBBINS	
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 2 WHALEBACK WADDY	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code DENVER, NJ	
		Name of Contact JUSTIN ROBBINS	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JUSTIN ROBBINS			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 WHALEBACK WADDY			Square Feet	# of Floors	Bldg. Age
City (5) DENVER	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 12/06/12	Sched. Completion Date (11) 12/20/12		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input 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 crawl spaces		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	57 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 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 12/10/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/26/12	

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

ck 004574

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

D&S Proj. #: MS 12-417

RECEIVED

Date of Notification (1) 11/12/12		Name of Building Owner/Operator (2) JOSEPHINE LA FRANCE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 7 SOUTH 2ND STREET	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code ROXBURY, NJ	
		Name of Contact JOSEPHINE LA FRANCE	Telephone Number

2012 DEC -3 PM 1:26

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPHINE LA FRANCE			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 7 SOUTH 2ND STREET			Square Feet	# of Floors	Bldg. Age
City (5) ROXBURY	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 12/10/12	Sched. Completion Date (11) 12/24/12	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input 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		X		PIPE INSULATION & FITTINGS	200 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 12/11/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 11/26/12

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

CK
004515
D&S Proj. #: MS 12-409

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

RECEIVED

Date of Notification (1) 11/12/16		Name of Building Owner/Operator (2) JOAN ELY		2012 DEC -3 PM 1:25	
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 119 BELVOIR AVENUE City, State, Zip Code BEACH HAVEN, NJ 08008	
Name of Contact JOAN ELY				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOAN ELY			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 119 BELVOIR AVENUE			Square Feet		
City (5) BEACH HAVEN		County (6) OCEAN		# of Floors	
		County Code (7) (State use only)		Bldg. Age	
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 12/07/12		Sched. Completion Date (11) 12/20/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input 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		X		PIPE INSULATION & FITTINGS	160 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/10/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 11/26/12	

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

OK
004518

D&S Proj. #: MS 12-416

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

RECEIVED

2012 DEC -3 PM 1:24

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/12/12		Name of Building Owner/Operator (2) THE ESTATE OF WINDELER	
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 371 STEINHAUSER LANE	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WYCKOFF, NJ 07481	
		Name of Contact D. BRUINS	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THE ESTATE OF WINDELER			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 371 STEINHAUSER LANE			Square Feet	# of Floors	Bldg. Age
City (5) WYCKOFF	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 12/06/12	Sched. Completion Date (11) 12/14/12	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input 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		X		PIPE INSULATION	100 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 12/07/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/26/12	

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

RECEIVED


Date of Notification (1) 11/29/2012		Name of Building Owner/Operator (2) PSE&G		2012 DEC -3 PM 1:23							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080		ASBESTOS CONTROL & LICENSING							
		Name of Contact GEORGE VILARO		Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) PSE&G			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 292 S. BRIDGE ST			Square Feet APPX 400	# of Floors 1	Bldg. Age APPX 40 YRS						
City (5) SOMERVILLE			Current Use (Prior if being demolished)								
County (6) SOMERSET		County Code (7) (STATE USE ONLY) _____									
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.								
Street Address 64 BROAD STREET			Street Address 396 WHITEHEAD AVE.								
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882								
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111							
Start Date (10) 12/17/2012		Scheduled Completion Date (11) 12/17/2012		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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 by necessary operators			Street Address 396 WHITEHEAD AVE.								
			City, State, Zip Code SOUTH RIVER, NJ 08882								
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
RELAY HOUSE		X		TRANSITE FLOOR PANELS		50 SF		X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 3	Name of Registered Landfill GROWS NORTH							
City, State ELIZABETH, NJ		Disposal Date 12/18/2012		City, State MORRISVILLE, PA							
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>		Date 11/29/2012					

CK #24983

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

RECEIVED
2012 DEC -3 PM 1:21

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>11/30/12</u>		Name of Building Owner/Operator (2) <u>County of Sussex</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>1 Spring Street</u>						
		City, State, Zip Code <u>Newton, NJ 07860</u>						
		Name of Contact <u>Joseph Biuso</u>		Telephone Number _____				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Former Nursing Care Facility</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>129 N. Morris Turnpike</u>		Square Feet <u>15,000</u>	# of Floors <u>3</u>					
City (5) <u>Newton, NJ 07860</u>		Bldg. Age <u>90</u>						
County (6) <u>Sussex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>Pennoni Associates</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>515 Grove Street</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Haddon Heights, NJ 08035</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Chris Purvis</u>		Telephone No. <u>(856) 547-0505</u>	Telephone No. <u>(609) 259-9688</u>					
License No. <u>00493</u>		Name of OSHA Monitor <u>DB Environmental</u>						
Start Date (10) <u>12/13/12</u>	Scheduled Completion Date (11) <u>12/14/12</u>	Street Address <u>4 Berkeley Place</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 <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		City, State, Zip Code <u>Freehold, NJ07728</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 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
<u>2nd floor</u>			<u>Old Medical Records contaminated asbestos debris</u>	<u>NA</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>12/14/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>11/30/12</u>					

No
check

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

RELEASED Credit

2012 DEC -3 PM 1:20

Date of Notification (1) <u>11</u> / <u>29</u> / <u>12</u>		Name of Building Owner/Operator (2) VERIZON							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 EAST MONTGOMERY PLACE, LOWER LEVEL							
		City, State, Zip Code PITTSBURGH, PA 15212							
		Name of Contact ANTHONY PORTA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON SALEM CO		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 86 WEST BROADWAY		Square Feet 13534	# of Floors 2						
City (5) SALEM		Bldg. Age 52							
County (6) SALEM	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State, Zip Code PHILADELPHIA, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>12</u> / <u>13</u> / <u>12</u>	Scheduled Completion Date (11) <u>12</u> / <u>28</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9"X9" VAT & MASTIC	1300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12"X12" TAN VAT & MASTIC	1800 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 GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro / jf</i>	Date 11/29/12						

ASB-41
MAY 11 **B512116**

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

CK 604583

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

D&S Proj. #: MS 12-419

RECEIVED

2012 DEC 3 PM 1:19

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>11/18/12</u>		Name of Building Owner/Operator (2) PATRICIA MABENE	
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 646 MONROE AVENUE	
	City, State, Zip Code ELIZABETH, NJ 07205		
	Name of Contact PATRICIA MABENE		
	Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PATRICIA MABENE			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 646 MONROE AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) ELIZABETH	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

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

Scope of Work (check all that apply)

<input 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		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	90 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 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503		Disposal Date 12/11/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/28/12		

RECEIVED

Date of Notification (1) <u>11/12/12</u>		Name of Building Owner/Operator (2) LEA RONCHI		2012 DEC -3 PM 1:17	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7803 4TH AVENUE		ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code NORTH BERGEN, NJ			
		Name of Contact LEA RONCHI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LEA RONCHI			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 7803 4TH AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) NORTH BERGEN	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 12/01/12	Sched. Completion Date (11) 12/14/12		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			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 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		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	12 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 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/03/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 11/27/12

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

D&S Proj. #: MS 12-413

RECEIVED
 APPROVED
 Dept. of Health & Senior Services
 2012 DEC -3 PM 1:25 PM
 (Signature)
 Date/Time

Date of Notification (1)
11/27/12

Name of Building Owner/Operator (2)
LEA RONCHI

Street Address
7803 4TH AVENUE

City, State, Zip Code
NORTH BERGEN, NJ

Name of Contact
LEA RONCHI

Telephone Number

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amended
 Amendment #:
 Emergency (Including Justification)
 Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
LEA RONCHI

Street Address
7803 4TH AVENUE

City (5)
NORTH BERGEN

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)

Name of Monitoring Firm Hired by Bldg. Owner (8)
 Street Address
 City, State, Zip Code

ASCM No.

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

Project Manager for Monitoring Firm
 Phone Number

Start Date (10)
12/01/12

Sched. Completion Date (11)
12/14/12

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)
 > 2 sf or > 3 lf
 > 160 sf or > 280 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/outsourced 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									
Basement, Boiler		X		PIPE INSULATION & FITTINGS	12 L FT	X			
		X		Boiler insulation	36 SQ FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
12/03/12

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN KOLDZIC

Title
PRESIDENT

Signature

Date
11/27/12

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

D&S Proj. #: MS 12-412

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

RECEIVED

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Horner
(Signature)
Date: 11/26/12 Time: 1:46 PM

Date of Notification (1) 11/11/12 16/11/12		Name of Building Owner/Operator (2) ST. ROSE HIGH SCHOOL 2012 DEC -3 PM 1:06	
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 <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 607 7TH AVENUE ASBESTOS CONTROL & LICENSING	
		City, State, Zip Code Belmar, NJ 07719	
		Name of Contact JOB LEBETTER	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ST ROSE HIGH SCHOOL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 607 7TH AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) Belmar	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished) EDUCATIONAL FACILITY		

Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES LLC		ASCM No. 00118	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address 464 VALLEY BROOK AVENUE			Street Address 20 California Ave.		
City, State, Zip Code LYNDHURST, NJ 07071			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm JOHN H. CHIAVIELLO		Phone Number 201-665-7135	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 11/27/12		Sched. Completion Date (11) 12/10/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R a 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-2 boilers		<input checked="" type="checkbox"/>		ROOFER JACKET INSULATION	420 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM-2 boilers		<input checked="" type="checkbox"/>		BREECHING INSULATION	164 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	60 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 12/11/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 11/26/12

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. #: MS 12-412

RECEIVED
 2012 DEC -3 PM 1:06
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 11/16/12		Name of Building Owner/Operator (2) ST ROSE HIGH SCHOOL	
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 <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 607 7TH AVENUE	
		City, State, Zip Code Belmar, NJ 07719	
		Name of Contact JOE LEBETTER	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ST ROSE HIGH SCHOOL			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 607 7TH AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) Belmar	County (6) MONMOUTH	County Code (7) (State use only)	Current Use (Prior if being demolished) EDUCATIONAL FACILITY		

Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES LLC		ASCM No. 00118	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address 464 VALLEY BROOK AVENUE		Street Address 20 California Ave.			
City, State, Zip Code LYNDHURST, NJ 07071		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm JOHN H. CHIAVIELLO		Phone Number 201-665-7135	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 11/27/12	Sched. Completion Date (11) 12/10/12				
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 type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/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)	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-2 boilers		<input checked="" type="checkbox"/>		BOILER JACKET INSULAITON	420 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM- 2 boilers		<input checked="" type="checkbox"/>		BREECHING INSULATION	164 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILER ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503		Disposal Date 12/11/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 11/26/12	

04580

D&S Proj. #: MS 12-418

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

RECEIVED

Date of Notification (1) 11/12/12		Name of Building Owner/Operator (2) KACY ERDELYI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 25 DURYE A ROAD	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MONTCLAIR, NJ 07042	
		Name of Contact KACY ERDELYI	Telephone Number

2012 DEC -3 PM 1:55

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KACY ERDELYI			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 25 DURYE A ROAD			Square Feet	# of Floors	Bldg. Age
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 12/15/12	Sched. Completion Date (11) 12/28/12	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input 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		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	70 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		BARE HEATING PIPES(RECLEAN)	115 L F	<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 12/17/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/27/12	

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

CK
520407

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ASBESTOS CONTROL
& LICENSING

<u>Date of Notification (1)</u> 11/30/12		<u>Name of Building Owner/Operator (2)</u> Atlantic City Electric	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 5100 Harding Highway	
		<u>City, State, Zip Code</u> Mays Landing, NJ 08330	
		<u>Name of Contact</u> Rachel Edelstein	<u>Tel. Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Fern Substation			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 6206 Wisteria Road			Sq. Feet <u>2000</u> # of Floors	
<u>City (5)</u> Wildwood Crest	<u>County (6)</u> Cape May	<u>County Code (7)</u> (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) <u>Substation/Res. Homes</u>	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Mgmt. International	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 34 East Germantown Pike, Suite 204	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> East Norriton, PA 19401	<u>City State, ZipCode</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> Ray Giordano	<u>Telephone Number</u> 610-277-0405	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 12/17/12	<u>Scheduled Completion Date (11)</u> 12/21/12	<u>Name of OSHA Monitor</u> Testor Technology
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe ___Wing where work is being performed is shut down Other - Describe _____	<u>Street Address</u> 10-59 Jackson Avenue
	<u>City, State, Zip Code</u> Long Island City, NY 11101
	<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Substation			X	Transite Panels	2000 SF	X			
Substation			X	Wall Panel Caulk	248 LF	X			
Substation			X	Fire Doors	3	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group, Inc.	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 30	<u>Name of Reg. Landfill</u> Minerva Landfill
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 12/21/12	<u>City, State</u> Waynesboro, OH	

<u>Completed by (Print or Type)</u> Richard P. Semega, Jr.	<u>Title</u> Project Manager	<u>Signature</u> <i>Richard P. Semega, Jr.</i>	<u>Date</u> 11/30/12
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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Transite Panels, Wall Panel Caulk, and 3 Fire Doors. Regulated work area, hepa filtration equipment, wet material, double bag.

ASBESTOS CONTROL & LICENSING

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: New Castle County: New Castle State: DE Zip: 19720

Contact: Randy Bridges Telephone: 877-999-9559

Waste Transporter#2 Same as #1

Address

City County State Zip

Contact Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 8955 Minerva Road

City: Waynesburg County: State: OH Zip: 44688

Contact: Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name Title

Authority

Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) (HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matirials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Richard P. Semiga, Jr. (Signature of Owner/Operator)

(Date) 11-30-12

XVIII. I Certify that the Above Information is Correct

Richard P Semiga, Jr. (Signature of Owner/Operator)

(Date) 11-30-12

CK 520406

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/30/12		Name of Building Owner/Operator (2) Atlantic City Electric	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 5100 Harding Highway	
		City, State, Zip Code Mays Landing, NJ 08330	
		Name of Contact Rachel Edelstein	Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wildwood Crest Substation			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 113 West Preston Avenue			Sq. Feet 800 # of Floors	
City (5) Wildwood Crest	County (6) Cape May	County Code (7) (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) Substation/Res. Homes	

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Mgmt. International	ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
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Street Address 34 East Germantown Pike, Suite 204		Street Address 404 N. Berry Street	
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Brea, CA 92821	

Project Manager for Monitoring Firm Ray Giordano	Telephone Number 610-277-0405	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 12/17/12	Scheduled Completion Date (11) 12/21/12	Name of OSHA Monitor Testor Technology
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Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe ___ Wing where work is being performed is shut down Other - Describe	Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101
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Source of Work (Check all that apply)

() Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Substation			X	Transite Panels	750 SF	X			

Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 30	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE		Disp. Date 12/21/12	City, State Waynesboro, OH

Completed by (Print or Type) Richard P. Semega, Jr.	Title Project Manager	Signature <i>Richard P. Semega, Jr.</i>	Date 11/30/12
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(R)

RECEIVED

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Transite Panels and Window Glazing. Regulated work area, hepa filtration equipment, wet material, and double bag.

ASBESTOS CONTROL & LICENSING

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: New Castle County: New Castle State: DE Zip: 19720

Contact: Randy Bridges Telephone: 877-999-9559

Waste Transporter#2 Same as #1

Address

City County State Zip

Contact Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 8955 Minerva Road

City: Waynesburg County: State: OH Zip: 44688

Contact: Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name Title

Authority

Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) (HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Richard P. Semega Jr. (Signature of Owner/Operator)

(Date) 11-30-12

XVIII. I Certify that the Above Information is Correct

Richard P. Semega Jr. (Signature of Owner/Operator)

(Date) 11-30-12

CK
520405

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

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2012 DEC -3 PM 1:40

ASBESTOS CONTROL
& LICENSING

<u>Date of Notification (1)</u> 11/30/12		<u>Name of Building Owner/Operator (2)</u> AT&T	
<u>Agencies Notified</u> () EPA (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	
<u>Street Address</u> 1 AT&T Way, 1A113A		<u>City, State, Zip Code</u> Bedminster, NJ 07921	
<u>Name of Contact</u> Robert Ericksen		<u>Tel. Number</u>	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> AT&T <u>Street Address</u> 20 Knightsbridge			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>City (5)</u> Piscataway			<u>Sq. Feet</u> 135434 <u># of Floors</u> 1	
<u>County (6)</u> Middlesex		<u>County Code (7)</u> (State Use Only)		
<u>Bldg. Age</u> 34			<u>Current Use (prior if being demolished)</u> phone co.	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP	
<u>Street Address</u> 3 Terri Lane		<u>Street Address</u> 404 N. Berry Street			
<u>City, State, Zip Code</u> Burlington, NJ		<u>City, State, Zip Code</u> Brea, CA 92821			
<u>Project Manager for Monitoring Firm</u> John Lutz		<u>Telephone Number</u> 609-386-8800		<u>Telephone Number</u> 484-480-8931	
				<u>License Number</u> 01066	


<u>Scheduled Start Date (10)</u> 12/14/12		<u>Scheduled Completion Date (11)</u> 12/14/12		<u>Name of OSHA Monitor</u> EMSL Analytical	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours -				<u>Street Address</u> 107 Haddon Ave	
<u>Describe in segregated area</u>				<u>City, State, Zip Code</u> Westmont, NJ 08108	
<u>Other - Describe -</u>					

Source of Work (Check all that apply)

() Demolition (X) Renovation
 () Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 () Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				Rem.	Rep.	Encap	Enclose
Switchgear Cabinet	X	VAT/Mastic	55 SF	X			

<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273		<u>Cubic Yards of Waste</u> 1		<u>Name of Reg. Landfill</u> GROWS Landfill	
<u>City, State</u> Newark, NJ				<u>Disp. Date</u> 12/15/2012		<u>City, State</u> Morrisville, PA	

<u>Completed by (Print or Type)</u> Russell King		<u>Title</u> Senior Project Manager		<u>Signature</u> 		<u>Date</u> 11/30/12	
---	--	--	--	--	--	-------------------------	--

No
check

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

(Original) Check #1233

RECEIVED

Date of Notification (1) Amended November 27, 2012 November 16, 2012		Name of Building Owner / Operator (2) Prologis	
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 EMERGENCY <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address Pier 1, Bay 1	
		City, State & Zip Code San Francisco, CA 94111	
		Name of Contact Michael Oriola (Arcadis)	Telephone Number

**2012 DEC -3 PM 1:33
ASBESTOS CONTROL
& LICENSING**

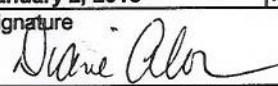
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Prologis		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, home, etc.)	
Street Address 495 Meadow Lane		Square Feet 110,000	# of Floors 2
City (5) Carlstadt		Bldg. Age 85	
County (6) Bergen		Current Use (Prior if being demolished) Warehouse	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 10 Friends Lane, Suite 200		Street Address 829 Radio Road	
City, State & Zip Code Newtown, PA 18940		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm David Hilinski		Telephone Number 908-635-4069	License Number 00817
Scheduled Start Date (10) November 19, 2012	Scheduled Completion Date (11) December 28, 2012	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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 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 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
Office Areas			X	Drywall Joint Compound	9,800 SF	X			
Office Areas			X	Floor Tile and Mastic	3,800 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 600	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date January 2, 2013	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date November 27, 2012

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

Date of Notification (1) November 16, 2012		Name of Building Owner / Operator (2) Prologia	
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 EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address Plar 1, Bay 1	
		City, State & Zip Code San Francisco, CA 94111	
		Name of Contact Michael Oriola (Arcadia)	

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 2012 DEC -3 PM 1:35
 NOV 18 2012
 ASBESTOS CONTROL & LICENSE

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Prologia		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 485 Meadow Lane		Square Feet 110,000	# of Floors 2
City (5) Carlstadt		Bldg. Age 85	
County (6) Bergen		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Aresdia US Inc.		ASCM No.	
Street Address 19 Prinda Lane, Suite 200		Name of Abatement Contractor (9) Synstach, Inc.	
City, State & Zip Code Newtown, PA 18940		Street Address 629 Radio Road	
Project Manager for Monitoring Firm David Hillinski		Telephone Number 608-635-4089	License Number 00817
Scheduled Start Date (10) November 19, 2012		Scheduled Completion Date (11) November 22, 2012	
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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synstach, Inc.	
		Street Address 629 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 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 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
Office Areas			X	Drywall Joint Compound	1,800 SF	X			
Office Areas			X	Floor Tile and Mastic	3,800 SF	X		X	

Name of Registered Waste Hauler Synstach, Inc.	NJDEP Waste Hauler ID No. 27420	Cubic Yards of Waste 800	Name of Registered Landfill Grove Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date November 22, 2012	City, State Morrisville, PA	
Completed By Diana Aloia	Title Executive Administrator	Signature <i>Diana Aloia</i>	Date November 16, 2012

*Do not use this form for asbestos removals associated activities.

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

Check # **1233**
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**2012 DEC -3 PM 1:55
ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) November 16, 2012		Name of Building Owner / Operator (2) Prologis	
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 EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # ___ <input type="checkbox"/> Cancellation	Street Address Pier 1, Bay 1	
		City, State & Zip Code San Francisco, CA 94111	
		Name of Contact Michael Oriola (Arcadis)	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Prologis			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, home, etc.)		
Street Address 495 Meadow Lane			Square Feet 110,000	# of Floors 2	Bldg. Age 85
City (5) Carlstadt			Current Use (Prior if being demolished) Warehouse		
County (6) Bergen	County Code (7) USE ONLY				
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.		
Street Address 10 Friends Lane, Suite 200		Street Address 829 Radio Road			
City, State & Zip Code Newtown, PA 18940		City, State & Zip Code Little Egg Harbor, NJ 08087			
Project Manager for Monitoring Firm David Hillnski		Telephone Number 908-635-4069	Telephone Number 609-296-6916	License Number 00817	
Scheduled Start Date (10) November 19, 2012	Scheduled Completion Date (11) November 22, 2012		Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road		
			City, State & Zip Code Little Egg Harbor, NJ 08087		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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 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 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
Office Areas			X	Drywall Joint Compound	9,800 SF	X			
Office Areas			X	Floor Tile and Mastic	3,800 SF	X		X	

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 600	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date November 22, 2012	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date November 16, 2012

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

* Emergency Notice *

CK
11231

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2012 DEC -3 PM 1:30

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

Date of Notification (1) <u>11/26/12</u>		Name of Building Owner/Operator (2) <u>Archdiocese of Newark</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA <input checked="" type="checkbox"/> N	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 <u>121 Clifton Ave</u>								
		City, State, Zip Code <u>Newark NJ</u>								
		Name of Contact <u>Tom McCue</u>	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>St Bridget Church</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>370 Montgomery St</u>		Square Feet	# of Floors							
City (5) <u>Jersey City, NJ</u>		Bldg. Age								
County (6) <u>Hudson</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) <u>EMSL</u>		ASCM No.	Name of Abatement Contractor (9) <u>F Gausez + Son</u>							
Street Address <u>307 W 38th St</u>		Street Address <u>513 E 32nd St</u>								
City, State, Zip Code <u>NY, NY</u>		City, State, Zip Code <u>Peteron NJ</u>								
Project Manager for Monitoring Firm <u>manager</u>	Telephone No. <u>212-421-6699</u>	Telephone No. <u>973 345 2222</u>	License No. <u>004 000 21</u>							
Start Date (10) <u>11/27/12</u>	Scheduled Completion Date (11) <u>12/9/12</u>	Name of OSHA Monitor <u>Same</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address								
		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	
<u>Basement</u>			X	<u>VAT</u>	<u>6900</u>	X				
<u>Auditorium</u>				<u>Mastic</u>	<u>6900SF</u>					
Name of Registered Waste Hauler <u>Eastern Waste</u>		NJDEP Waste Hauler ID No. <u>65027</u>	Cubic Yards of Waste	Name of Registered Landfill <u>Inwood Landfill</u>						
City, State <u>Freehold NJ</u>		Disposal Date	City, State <u>Imperial PA</u>							
Completed By <u>Frank Gausez</u>	Title <u>President</u>	Signature <u>[Signature]</u>	Date <u>11/26/12</u>							

ASB-41

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

MO# 20142498881

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

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ASBESTOS CONTROL
& LICENSING
Telephone Number

Date of Notification (1) 11 / 28 / 12		Name of Building Owner/Operator (2) Megan Ventura							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 39 Myrtle Street		City, State, Zip Code Rutherford, NJ 07070							
Name of Contact Megan Ventura		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		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 39 Myrtle Street		Square Feet							
City (5) Rutherford, NJ 07070		# of Floors							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 12 / 08 / 12		License No. 01127							
Scheduled Completion Date (11) 12 / 09 / 12		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		City, State, Zip Code Fair Lawn, NJ 07410							
<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 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	120 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 11/28/2012			

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

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ASBESTOS CONTROL

Date of Notification (1) 11-20-2012		Name of Building Owner/Operator (2) Wally Koscielny	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20 Roosevelt Terrace.	Bayonne NJ
		Name of Contact	Telephone Number
		Wally Koscielny	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)	
Street Address 20 Roosevelt Terrace		<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) Bayonne NJ	Square Feet 3528	# of Floors 2	Bldg. Age 60+
County (6) Hudson County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.	
Street Address	Street Address 235 Virginia Ave.		
City, State, Zip Code	City, State, Zip Code Jersey City NJ 07304		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 01174

Start Date (10) 11-21-2012	Scheduled Completion Date (11) 11-21-2012	Name of OSHA Monitor Bioterra Solutions	
Occupancy Status During Abatement (Check Only One)		Street Address pobox 1224	
<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 Union NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	100lf	x			
1st Floor		x		Radiator Insulation	3lf			x	
2nd Floor		x		Radiator Insulation	3lf			x	

Name of Registered Waste Hauler Tri-state Transfer Associate	NJDEP Waste Hauler ID No. 2a456	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprise.
City, State Bronx NY	Disposal Date 11-21-2012	City, State Wynesburg-Ohio.	
Completed by Tiffany Nunez	Title Office Manager	Signature	Date 11-20-2012

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

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ASBESTOS CONTROL

Date of Notification (1) 11-27-2012		Name of Building Owner/Operator (2) Monti Estate								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 219 Tinton Ave.								
		City, State, Zip Code Eatontown NJ 07724								
		Name of Contact Mike Witman								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential		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 219 Tinton Ave.		Square Feet 2888	# of Floors 2							
City (5) Eatontown NJ.		Bldg. Age 90+								
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.							
Street Address		Street Address 235 Virginia Ave.								
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304								
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174							
Start Date (10) 11-29-2012	Scheduled Completion Date (11) 11-30-2012	Name of OSHA Monitor Bioterra Solutions								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Property for Demolition.		Street Address pobox 1224								
		City, State, Zip Code Union NJ 07083								
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st Floor		x		VAT	90lf	x				
Outside		x		Shingle Siding	2100sqf	x				
Outside		x		Flashing Cement	20lf	x				
Name of Registered Waste Hauler Tri-state Transfer Associate		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprise.						
City, State Bronx NY.		Disposal Date 11-21-2012		City, State Wynesburg-Ohio.						
Completed by Tiffany Nunez		Title Office Manager		Signature				Date 11-27-2012		

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

MO# 20142498892

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Date of Notification (1) 11 / 29 / 12		Name of Building Owner/Operator (2) Mark Barrette	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 36 Blackberry Ln. City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Mark Barrette	

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2012 DEC -3 PM 1:28

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		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 36 Blackberry Ln.		Square Feet	# of Floors
City (5) Morristown, NJ 07960		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code Wayne, NJ 07470	License No. 01127

Start Date (10) 12 / 09 / 12	Scheduled Completion Date (11) 12 / 10 / 12	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation -wrap&cut	130 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 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 11/29/2012

* 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)**

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2012 DEC -3 PM 1:27

Date of Notification (1) 11-29-12		Name of Building Owner/Operator (2) P. MINERVINI						
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 209 43 RD ST						
		City, State, Zip Code UNION CITY NJ & LICENSING						
		Name of Contact P. MINERVINI	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) P. MINERVINI		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 209 43 RD ST		Square Feet 2000	# of Floors 2					
City (5) UNION CITY		Bidg. Age 98 YRS						
County (6) HUDSON	County 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.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 12-11-12	Scheduled Completion Date (11) 12-12-12	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: 8 AM 5 PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 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
BASEMENT			X	TFE/SMAC INSULATION	102 LF	X		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises					
City, State Hackensack, N.J. 07601		Disposal Date 12-12-12	City, State Waynesburg, Oh					
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 11-29-12					

CK
58808

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

RECEIVED

2012 DEC -3 PM 1:26

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/28/2012		Name of Building Owner/Operator (2) BERKELEY COLLEGE							
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 <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 44 RIFLE CAMP ROAD							
		City, State, Zip Code WOODLAND PARK, NJ 07424							
		Name of Contact TOM ALESSANDRELLO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BERKELEY COLLEGE BUILDING# 5		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 44 RIFLE CAMP ROAD		Square Feet 20,000	# of Floors 4						
City (5) WOODLAND PARK		Bldg. Age 1940							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COLLEGE/SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONVISION CONSULTANTS, INC.		ASCM No. 0079	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 20-21 WAGARAW ROAD BUILDING 34A		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	Telephone No. 718-349-0900						
			License No. 00853						
Start Date (10) 12/12/2012	Scheduled Completion Date (11) 01/12/2013	Name of OSHA Monitor ROLLAND BARNHART							
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 21 PERRINE AVENUE							
		City, State, Zip Code SOUTH AMBOY, NJ 08879							
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
LOWER, GRUND & SECOND FLOOR		X		PIPE INSULATION	3,150	X			
LOWER, GROUND & SECOND FLOOR		X		VAT	1,300	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 04181	Cubic Yards of Waste 50 YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY		Disposal Date 12/17/2012		City, State WAYNESBURG, OH					
Completed by ANN ALI		Title ADMINISTRATIVE		Signature 		Date 11/28/2012			

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2804
 RECEIVED

Date of Notification (1) 11 / 30 / 12		Name of Building Owner / Operator (2) Verizon					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 220 West Broad Street		City, State, Zip Code jenkintown, PA. 19046					
City (5) Paulsboro		County (6) Camden	County Code (7)				
Name of Facility Where Abatement is Taking Place (3) Verizon		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 bldgs., homes, etc.)					
Square Feet 5,000		# Of Floors 2	Building Age 50+				
Current Use (Prior if being demolished) Commercial		Name of Abatement Contractor (9) LVI Environmental Services Inc.					
Name of Monitoring Firm (8) USA Environmental management, Inc.		Street Address 8436 Enterprise Avenue					
Street Address 8436 Enterprise Avenue		City, State, Zip Code Philadelphia, PA. 19153					
Project Mngr. For Monitoring Firm Mark Jenkins		Telephone Number 215.365.5810					
Sched. Start Date (10) 12 / 14 / 12		Sched. Completion Date (11) 12 / 26 / 12					
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI. 7:00AM-3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3sf or >3lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <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					
Name of Abatement Contractor (9) LVI Environmental Services Inc.		Street Address 462 Getty Avenue					
City, State, Zip Code Clifton, NJ 07011		Telephone Number 973-772-3660					
License Number 00117		Name of OSHA Monitor LVI Environmental Services Inc.					
Street Address 462 Getty Avenue		City, State, Zip Code Clifton, NJ 07011					
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			
				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
	YES NO N/A						
Basement	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	2150SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	1150SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant Storage	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	250SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE.		Disposal Date 12.30.12	City, State 8955 Minerva Poad Waynesburg, OH, 44688				
Completed by (Print or Type) Marc Heim		Title Project Manager	Signature <i>Marc Heim</i>		Date 11/30/12		

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 2805

Date of Notification (1) 11 / 30 / 12		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1128 Walnut Street		City, State, Zip Code Philadelphia, PA	
Name of Contact John Luxford		Telephone Number & LI	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America			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 bldgs., homes, etc.)		
Street Address 1285 Bound Brook Road			Square Feet 200,000		
City (5) Middlesex		County (6) Middlesex	County Code (7) 8846	# Of Floors 3	Building Age 40 +
Name of Monitoring Firm Hired by Bldg. Owner (8) Arcadis			ASCM NO LVI Environmental Services Inc.		

Street Address 655 Third Avenue 12th Floor		City, State, Zip Code New York, NY		Street Address 462 Getty Avenue		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271		Telephone Number 973-772-3660		License Number 00117	
Scheduled Start Date (10) 12/ 15 / 12		Sched. Completion Date (11) 12 / 23 / 12		Name of OSHA Monitor LVI Environmental Services Inc.		Street Address 462 Getty Avenue	

Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: ___ M-F <input checked="" type="checkbox"/> Other - Describe: ___ 1:00 PM to 10:00 PM				Name of OSHA Monitor LVI Environmental Services Inc.			
				Street Address 462 Getty Avenue			
				City, State, Zip Code Clifton, NJ 07011			

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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 N C L O S U R
Teller Liner	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Flor Tiles	500 SQ Feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENS LOCKER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		

Completed by (Print or Type) Ralph Barnhardt	Title Operation Manager	Signature 	Date 11/30/12
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 7729

Date of Notification (1) <u>11</u> / <u>28</u> / <u>12</u>		Name of Building Owner/Operator (2) Maverick Management Corp							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1000 Pennsylvania Ave		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED 2012 DEC -3 PM 12:16 ASBESTOS CONTROL & LICENSING </div>				
			City, State, Zip Code Brooklyn, NY 11207						
			Name of Contact Jerald Goldfine	Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Woolworth 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 117 E State Street									
City (5) Trenton, NJ		Square Feet 48,000	# of Floors 3	Bldg. Age 100+					
County (6) Trenton		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Ally Services Co		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 57 E Durham St		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Phila PA 19119		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Andy Miller		Telephone No. 215 498 7538	Telephone No. 215-542-7000	License No. 00847					
Start Date (10) <u>11</u> / <u>29</u> / <u>12</u>		Scheduled Completion Date (11) <u>12</u> / <u>2</u> / <u>12</u>		Name of OSHA Monitor CES					
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: 7:00AM-7:00PM AM <i>From 4:00 PM Friday Thru 7:00pm Sunday Eve.</i>			Street Address 1121 N. Bethlehem Pike - Suite 60						
			City, State, Zip Code Spring House, PA 19477						
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	10 Fittings	<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 Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Tullytown PA		Disposal Date 12/3/12		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager	Signature <i>Patricia Visco</i>		Date 11/28/2012				

REMEMBER - MAIL IN HARD COPY

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

DO NOT WRITE
 CK # 1167
 NOV 29 2012

Date of Notification (1) 11/29/12		Name of Building Owner (2) MR. JOSEPH J. DEVEL						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Renewal <input type="checkbox"/> Emergency (including jurisdictional) <input type="checkbox"/> Cancellation	Street Address 203 PARK AVE						
		City, State, Zip Code PARK RIDGE - NJ 07656						
		Name of Contact MR. DAN MUSTASHA	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. J. HADER		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.)						
Street Address 203 PARK AVE		Square Feet 2100	# of Floors 2					
City (5) PARK RIDGE		Bldg. Age 70 years						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Existing 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.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 11/30/12	Scheduled Completion Date (11) 12/1/12	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: 7AM to 5PM		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 <input type="checkbox"/> ≥ 160 SF or ≥ 200 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 checked="" type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	In Location Recently Used Exclusively by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
2nd Floor			X	VAT	70 SF	X		
Basement				THERMAL SYSTEM INSULATION	85 LF		X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2CY	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 12/1/12	City, State Waynesburg, Oh					
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 11/29/12					

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

RECEIVED
4168

Date of Notification (1) 11-29-12		Name of Building Owner/Operator (2) 124 GREENWOOD DRIVE LLC								
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 124 GREENWOOD DRIVE							
			City, State, Zip Code MILLBORN, N.J. 07048							
		Name of Contact M. Miggins	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 124 GREENWOOD DRIVE LLC		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 124 GREENWOOD DRIVE		Square Feet 2200	# of Floors 2							
City (5) MILLBORN		Bldg. Age 76 YRS								
County (6) ESSEX		County 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) 12-10-12	Scheduled Completion Date (11) 12-11-12	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: 8 AM - 5 PM		Street Address 280 Huyler St								
		City, State, Zip Code South Hackensack, N.J. 07606								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 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	
BASEMENT			X	THERMAL INSULATION	34 LF	X				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/4 YD.	Name of Registered Landfill Minerva Enterprises						
City, State Hackensack, N.J. 07601		Disposal Date 12-11-12		City, State Waynesburg, Oh						
Completed by R. Veldran		Title Estimator		Signature R. Veldran				Date 11-29-12		

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

#1699
 RECEIVED

2012 DEC 31 PM Schools

Date of Notification (1) 11-30-12		Name of Building Owner/Operator (2) MIDDLETOWN TWP & Public Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 63 TINDAL ROAD		City, State, Zip Code MIDDLETOWN NJ 07718							
Name of Contact MAZZA		Telephone No. []							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MIDDLETOWN Twp School Admin Bldg		Type of Facility (4) <input 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 59 TINDAL RD		Square Feet 7000	# of Floors 2						
City (5) MIDDLETOWN		Bldg. Age 60							
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC							
Street Address		Street Address 95 MONTROSE RD							
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722							
Project Manager for Monitoring Firm		Telephone No. 201-294-1757	License No. 00029						
Start Date (10) 12-10-12	Scheduled Completion Date (11) 12-30-12	Name of OSHA Monitor ACE INSULATION CO INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 7pm		Street Address 95 MONTROSE RD							
Scope of Work (Check all that apply) <input checked="" 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 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) 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			Remove	Repair	Encapsulate	Enclose
TO BE ABATED				FLOOR TILE	7000 SF				
				FITTINGS	75				
				WINDOW CAV/2	500 LF				
Name of Registered Waste Hauler ACE INSULATION CO		NJ DEP Waste Hauler ID No. 12086	Cubic Yards of Waste 20	Name of Registered Landfill GROWS					
City, State COLTS NECK NJ 07722		Disposal Date 12-30-12		City, State TULLYTOWN PA					
Completed By Jack GALL		Title OPS MGR	Signature Jack GALL	Date 11-30-12					

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:27)

REMEMBER - MAIL IN HARD COPY

RECEIVED - CHECK # 22018
 WAIVER APPROVED

Date of Notification (1) 11 / 30 / 12		Name of Building Owner/Operator (2) Verizon 2012 DEC -3 PM 1:23							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1095 8 th Avenue							
		City, State, Zip Code New York, NY 10036							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Rochelle Park Central Office		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 and commercial buildings, homes, etc.)							
Street Address 65 Passaic Street		Square Feet 20000	# of Floors 3						
City (5) Rochelle Park NJ		Bigg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.	ASCM No. 29717	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1253 North Church Street		Street Address 47 Foster Road							
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Harold Balwin	Telephone No. 856-840-8800	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 12 / 4 / 12	Scheduled Completion Date (11) 12 / 10 / 12	Name of OSHA Monitor Teator Tech							
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: 8AM- PM 4:00PM- AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<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 type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Cable Vault	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	1800SF	<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 Global Waste Industries Inc		NJDEP Waste Hauler ID No. NJ-22171	Cubic Yards of Waste 7	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackettstown, NJ		Disposal Date 12/10/12	City, State Waynesburg, OH						
Completed By (Print or Type) John Iardy	Title Senior Project Manager	Signature <i>J. Iardy</i>	Date 11/30/12						

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

Check # 22078

Date of Notification (1) 11 / 30 / 12		Name of Building Owner/Operator (2) Verizon							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1095 6th Avenue							
		City, State, Zip Code New York, NY 10036							
		Name of Contact Alex Baylor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Rochelle Park Central Office		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 65 Passaic Street		Square Feet 20000	# of Floors 3						
City (5) Rochelle Park NJ		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 29717	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1253 North Church Street		Street Address 47 Foster Road							
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Harold Balwin		Telephone No. 856-840-8800	Telephone No. 718-605-6256						
Start Date (10) 12 / 4 / 12		Scheduled Completion Date (11) 12 / 10 / 12	License No. 00774						
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>8</u> AM- <u>4:00</u> PM- <u>4</u> AM		Name of OSHA Monitor Testor Tech							
Street Address 10 59 Jackson Avenue		City, State, Zip Code LIC, NY 11101							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Cable Vault	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	1800SF	<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 Global Waste Industries Inc		NJDEP Waste Hauler ID No. NJ-22171	Cubic Yards of Waste 7	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackettstown, NJ		Disposal Date 12/10/12		City, State Waynesburg, OH					
Completed By (Print or Type) John Tardy		Title Senior Project Manager	Signature <i>John Tardy</i>			Date 11/30/12			