

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

CK 350

645

RECEIVED
DEC - 5 2011
ASBESTOS CONTROL

Date of Notification (1) 10/07/11		Name of Building Owner/Operator (2) St. Anthony of Padua Parish							
Agencies Notified	Type Notification	Street Address 330 Sixth St.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07302							
		Name of Contact Rev. Joseph Urban							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Anthony of Padua Parish		Type of Facility (4)							
Street Address 330 Sixth Street		<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) Jersey City	County (6) Hudson	Square Feet 11,000	# of Floors 2						
County Code (7) (STATE USE ONLY) _____		Bldg. Age 80 years							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) House of Worship							
ASCM No. _____		Name of Abatement Contractor (9) Lesco Services Inc.							
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington NJ, 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 10/17/11	Scheduled Completion Date (11) 10/24/11	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.							
<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: _____		City, State, Zip Code Wallington NJ 07057							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			*	pipe insulation	60lf.	*			
boiler room			*	breeching insulation	60sf.	*			
boiler room			*	rope/gasket	8sf.	*			
basement			*	pipe insulation	85lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Newark NJ.		Disposal Date 10/24/11		City, State Morrisville PA					
Completed by Leslaw Nalodka		Title President		Signature <i>[Signature]</i>				Date 10/07/11	

Asbestos abatement activities

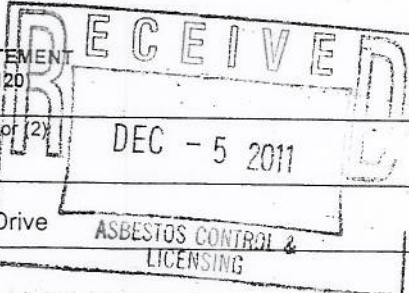
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

646
 RECEIVED
 DEC - 5 2011
 ASBESTOS CONTROL & LICENSING

OK 350

Date of Notification (1) 10/07/11		Name of Building Owner/Operator (2) 1001 Newark Associates							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Elmora Ave.							
		City, State, Zip Code Elizabeth NJ 07202							
		Name of Contact Patty Goldsmith							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Color Plaza		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 1000 Elmora Ave.		Square Feet 50,000	# of Floors 2						
City (5) Elizabeth		Bldg. Age 61							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) industrial building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 10/24/11	Scheduled Completion Date (11) 11/09/11	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
office			*	transite panels	100sf.	*			
loading dock			*	floor tiles	600sf.	*			
roof			*	roofing material	5292sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 60	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 11/09/11	City, State Morrisville PA.						
Completed by Leslaw Nalodka		Title President	Signature <i>[Signature]</i>				Date 10/07/11		

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



Date of Notification (1) 10/11/11		Name of Building Owner/Operator (2) Wick Companies LLC.	
Agencies Notified	Type Notification	Street Address 100 Woodbridge Center Drive	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge NJ, 07095	
		Name of Contact Ron Morriello	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Strip Mall		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 871/875 King George Rd.		Square Feet 7000	# of Floors 2
City (5) Fords		Bldg. Age 61	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Mall	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave	
City, State, Zip Code		City, State, Zip Code Wallington NJ 07057	
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107
Start Date (10) 10/12/11	Scheduled Completion Date (11) 10/14/11	Name of OSHA Monitor Leslaw Nalodka	
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 156 Maple Ave.	
		City, State, Zip Code Wallington NJ 07057	

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 ≥ 250 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <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
roof			*	asbestos tar	240sf.	*			

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Newark NJ		Disposal Date 10/14/11		City, State Morrisville PA.	
Completed by Leslaw Nalodka		Title President	Signature <i>Leslaw Nalodka</i>		Date 10/11/11

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

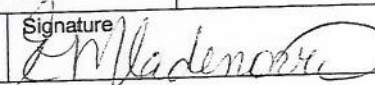
CH# 2437

Date of Notification (1) <u>11/29/11</u>		Name of Building Owner/Operator (2) <u>L.C. HOME BUILDER LLC c/o Mr Jim Franklin</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>305 THIRD AVE WEST</u>							
		City, State, Zip Code <u>NEWARK N.J. 07107</u>							
		Name of Contact <u>Mr JIM FRANKLIN</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>31 ORATION ST</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 _____									
City (5) <u>NEWARK N.J.</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>65</u>							
County (6) _____	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>CLOSED</u>							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>NOVATECH INC</u>						
Street Address _____		Street Address <u>P.O. Box 814</u>							
City, State, Zip Code _____		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. <u>732 238x7500</u>						
		License No. <u>00806</u>							
Start Date (10) <u>12/08/11</u>	Scheduled Completion Date (11) <u>12/17/11</u>	Name of OSHA Monitor <u>NOVATECH INC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>P.O. Box 814</u>							
		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</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 checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Air-Enclosure <input checked="" 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
<u>EXTERIOR</u>			X	<u>EXTERIOR SIDING</u>	<u>2800 SF</u>	X			
<u>BASEMENT</u>			X	<u>PIPE INSULATION</u>	<u>280 LF</u>	X			
Name of Registered Waste Hauler <u>NOVATECH INC</u>		NJDEP Waste Hauler ID No. <u>18501</u>		Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>GROWS</u>				
City, State <u>OLD BRIDGE N.J. 08857</u>				Disposal Date <u>12/19/11</u>	City, State <u>PHILADELPHIA P.A.</u>				
Completed By <u>CHARLES A MEIDA</u>		Title <u>PRESIDENT</u>		Signature <u>[Signature]</u>	Date <u>11/29/11</u>				

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

Date of Notification (1) 11/29/11		Name of Building Owner/Operator (2) L.C. HOME BUILDERS LLC % Mr SIM FRANKLIN						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 305 THIRD AVE WEST						
		City, State, Zip Code NEWARK N.J. 07107						
		Name of Contact Mr SIM FRANKLIN	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 310 SOMMER AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address		Square Feet 2500	# of Floors 3					
City (5) NEWARK N.J.		Bldg. Age 20						
County (6)		Current Use (Prior if being demolished) CLOSED						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC					
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857						
Project Manager for Monitoring Firm		Telephone No. 732 238-7500	License No. 00806					
Start Date (10) 12/8/11	Scheduled Completion Date (11) 12/17/11	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814						
		City, State, Zip Code OLD BRIDGE N.J. 08857						
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"/> 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						
<input type="checkbox"/> Renovation <input checked="" 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		X	PIPE INSULATION	260 LF	X			
FLOOR & 2nd FLOOR		X	FLOOR TILE 9x9	2150 SF	X			
EXTERIOR SIDING		X	EXTERIOR SIDING	2800 SF	X			
Name of Registered Waste Hauler NOVATECH INC		NIDEP Waste Hauler ID No. 12501	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.				
City, State OLD BRIDGE N.J.		Disposal Date 12/17/11	City, State PHILADELPHIA PA	Signature [Signature]				
Completed By CARLOS AMEIDA		Title PRESIDENT	Date 11/29/11					

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

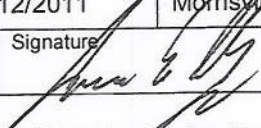
Date of Notification (1) 11/29/11		Name of Building Owner/Operator (2) MARIA IACOVO							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 SANDRA DRIVE							
		City, State, Zip Code TOTOWA, NJ 07512							
		Name of Contact MARIA IACOVO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 108 SANDRA DRIVE		Square Feet 1500	# of Floors 2						
City (5) TOTOWA, NJ 07512		Bldg. Age 50 +/-							
County (6) PASSAIC	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) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 12/10/2011	Scheduled Completion Date (11) 12/12/2011	Name of OSHA Monitor SAME AS (9) ABOVE							
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: UNOCCUPIED		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
GARAGE		X		VAT ONLY	140 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 12/12/2011		City, State MORRISVILLE, PA					
Completed by ELIZABETH MLADENOVIC		Title SECRETARY		Signature 				Date 11/29/2011	

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

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

Date of Notification (1) 11/29/11		Name of Building Owner/Operator (2) CAMILLE COSTANZA							
Agencies Notified	Type Notification	Street Address 316 CASINO AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CRANFORD, NJ 07016							
		Name of Contact CAMILLE COSTANZA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address 316 CASINO AVENUE		<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) CRANFORD		Square Feet 1500	# of Floors 2						
County (6) UNION		Bldg. Age 50 +/-							
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.							
Street Address		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.							
City, State, Zip Code		Street Address 250 RUTHERFORD BLVD.							
Project Manager for Monitoring Firm		City, State, Zip Code CLIFTON, NJ 07014							
Telephone No.		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 12/9/2011	Scheduled Completion Date (11) 12/12/2011	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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: UNOCCUPIED		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT/MASTIC	640SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 12/12/2011		City, State MORRISVILLE, PA					
Completed by MICHELE MLADENOVIC		Title SECRETARY	Signature <i>M. Mladenovic</i>			Date 11/29/2011			

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

Date of Notification (1) 11/28/2011		Name of Building Owner/Operator (2) Kathy Cantwell							
Agencies Notified	Type Notification	Street Address 477 Walton Road							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Kathy Cantwell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 477 Walton Road		Square Feet 1,500	# of Floors 2						
City (5) Maplewood		Bldg. Age 50 +							
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) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) December 10, 2011	Scheduled Completion Date (11) December 12, 2011	Name of OSHA Monitor Same as above							
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: Unoccupied Basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <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) 70 L.F.	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation		X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 12/12/2011		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 				Date 11/28/2011	

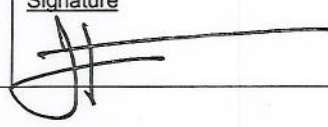
RECEIVED

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

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

Date of Notification (1) 11-28-11		Name of Building Owner/Operator (2) National Railroad Passenger Corp.						
Agencies Notified	Type Notification	Street Address 30th and Market Streets						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Philadelphia, PA 19104						
		Name of Contact Rich Mohlenhoff	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Amtrak - Fair Tower		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 72 South Clinton Ave.		Square Feet <10,000	# of Floors 2					
City (5) Trenton, NJ 08609		Bldg. Age 80						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas North America		ASCM No.	Name of Abatement Contractor (9) PSC Industrial Outsourcing, LP					
Street Address 110 Fieldcrest Avenue		Street Address 2337 North Penn Road						
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code Hatfield, PA 19440						
Project Manager for Monitoring Firm Stephen Vogl		Telephone No. 732-225-6040	License No. 01149					
Start Date (10) 12/13/11	Scheduled Completion Date (11) 12/31/11	Name of OSHA Monitor Bureau Veritas						
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 Other - Describe: Mon-Fri - 7am to 6pm		Street Address 110 Fieldcrest Avenue						
		City, State, Zip Code Edison, NJ 08837						
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Fair Tower Bldg.		x		300	SF			
Fair Tower Bldg.		x		20	LF			
Name of Registered Waste Hauler Republic Environmental Sys (Trans Group)		NJDEP Waste Hauler ID No. 50223	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill				
City, State 21 Church Rd., Hatfield, PA 19440			Disposal Date	City, State Morrisville, PA 19067				
Completed by Gene Rane		Title 11/28/11	Signature <i>Gene Rane</i>		Date 11-28-11			

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

Date of Notification (1) 11/29/2011		Name of Building Owner/Operator (2) Puratos Corporation	
Agencies Notified (X) EPA (X) DEP (X) DOL () DOH () DCA	Notification Type () Initial Notification () Amended Certification () Cancelled	Street Address 1941 Old Cuthbert RD.	
		City, State, Zip Code Cherry Hill, NJ. 08034	
		Name of Contact Tom McIntyre	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Puratos Corporation		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 8030 National Highway		Sq. Feet 90,000 # of Floors 1	
City (5) Pennsauken	County (6) Camden	County Code (7) (State Use Only)	Bldg. Age 40(+/-) Current Use (prior if being demolished) manufacturing
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Management International, Inc.		ASCM No.	Name of Contractor (9) Neuber Environmental Services, Inc.
Street Address 34 East Germantown Pike, Suite 204		Street Address 42 Ridge Road	
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Ray Giordano	Telephone Number 610-277-0405	Telephone Number 610-933-4332	License Number 836
Scheduled Start Date (10) 12/14/2011	Scheduled Completion Date (11) 12/16/2011	Name of OSHA Monitor Neuber Env. Svcs., Inc	
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 work on roof area not occupied by building personnel - PLEASE NOTE THAT THIS WORK IS WEATHER DEPENDENT.		Street Address 42 Ridge Road City, State, Zip Code Phoenixville, PA 19460	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Roof	XXX	Roof flashing	500 sf
Name of Reg. Waste Hauler Eastern Waste Inc.		NJDEP Waste Hauler ID # 22253 (A-901)	Cubic Yards of Waste 5
City, State Freehold, NJ		Disp. Date 12/2011	Name of Reg. Landfill BFI Imperial Landfill
City, State Imperial, PA			
Completed by (Print or Type) Jeffrey A. LaRiviere	Title V.P.	Signature 	Date 11/29/2011


Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

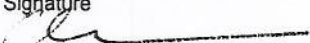
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 2298

Date of Notification (1) 11/30/11		Name of Building Owner/Operator (2) TJ Fleuhr / Residence							
Agencies Notified	Type Notification	Street Address 1036 B Long Beach Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Beach NJ 08008							
		Name of Contact TJ	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TJ Fleuhr / Residence		Type of Facility (4)							
Street Address 1036 B Long Beach Blvd		<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) North Beach NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/13/11	Scheduled Completion Date (11) 12/16/11	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 329							
<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 West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	2000 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/16/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/30/11			

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

CK 2297

Date of Notification (1) 11/30/11		Name of Building Owner/Operator (2) Degraff/ Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1917 Atlantic Avenue							
		City, State, Zip Code North Beach Haven NJ 08008							
		Name of Contact Sue	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Degraff/ Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1917 Atlantic Avenue		Square Feet 1000+	# of Floors 2						
City (5) North Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/9/11	Scheduled Completion Date (11) 12/14/11	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/14/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 11/30/11			

Emergency Notification

11/29/2011

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

Date of Notification (1) <u>11/29/11</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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>P.O. BOX 782 - 8 CLERMONT DR.</u>		City, State, Zip Code <u>ALBANY, N.J. 08210</u>	
Name of Contact <u>JIM HEMINGWAY</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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address <u>116 W. 2ND AVE.</u>	Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>NORTH WILDBOOD</u>	Bldg Age <u>40+</u>	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0422</u>
Start Date (10) <u>12/12/11</u>	Scheduled Completion Date (11) <u>12/19/11</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1500#</u>
			Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure <input type="checkbox"/>

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>11/29/11</u>

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

Date of Notification (1) <u>11/28/11</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>					
		Name of Contact <u>FRANK EDUARDI</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>7800 LANDIS AVE</u>		Square Feet	# of Floors				
City (5) <u>SEA ISLE CITY</u>		Bldg. Age					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>12/11/11</u>	Scheduled Completion Date (11) <u>12/18/11</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2500 #</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>		<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/28/11</u>				

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

B & G proj. #: 2011-240

*** Emergency ***

Check # 4907

Date of Notification (1)

11/12/2011

Name of Building Owner/Operator (2)

Robin Haik

Street Address

173 W 4th Street

City, State, Zip Code

Clifton, NJ 07011

Name of Contact

Robin Haik

APPROVED

NJ Dept. of Health & Senior Services

Paul C. [Signature]

Date: 11/29/11 Time: 1:18 PM

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amendment

☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Robin Haik

Street Address

173 W 4th Street

City (5)

Clifton, NJ 07011

County (6)

Passaic

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)

☐ Subchapter 8 (Other than K-12)

☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/1/2011

Sched. Completion Date (11)

12/1/2011

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:

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☐ Full Containment w/negative pressure

☒ Glovebag procedure

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☒ Mini-enclosure

☐ Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

pipe insulation

Amount (Specify SF or LF)

75 lf

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	a
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
12/2/2011

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature

Gordana Luna

Date
11/29/2011

REMEMBER - MAIL IN HARD COPY

B & G Proj. #: 2011-240

State of NJ

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

*** Emergency ***

DO NOT CHECK 10 DAY

NOV 29 2011

WAIVER APPROVED

Date of Notification (1)

11/1/2011

Agencies Notified

- ☐ FPA
☐ DEP
☒ DOH
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Robin Haik

Street Address

173 W 4th Street

City, State, Zip Code

Clifton, NJ 07011

Name of Contact

Robin Haik

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Robin Haik

Street Address

173 W 4th Street

City (8)

Clifton, NJ 07011

County (6)

Passaic

County Code (7)
(State use only)

ASCM No.

Name of Monitoring Firm Hired by Bldg. Owner (5)

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/1/2011

Sched. Completion Date (11)

12/1/2011

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☒ Glovebag procedure

☐ Non-fragile procedure

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

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

Yes

No

N/A

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

basement

pipe insulation

75 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1 yard

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
12/2/2011

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature

Gordana Luna

Date
11/29/2011

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

B & G proj. #: 2011-240

Check # 4907

Date of Notification (1) 11/12/11		Name of Building Owner/Operator (2) Robin Haik	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 173 W 4th Street City, State, Zip Code Clifton, NJ 07011	
		Name of Contact Robin Haik	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Robin Haik Street Address 173 W 4th Street City (5) Clifton, NJ 07011			County (6) Passaic	County Code (7) (State use only)	Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 License Number 0378	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035	
Scheduled Start Date (10) 12/1/2011		Sched. Completion Date (11) 12/1/2011			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	75 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/2/2011	City, State Tullytown, PA	Date 11/29/2011
Completed by (Print or Type)	Title	Signature <i>Gordana Luna</i>	

10770
REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

NOV 22 2011

Name of Building Owner/Operator (1)
St Paul of the Cross Church
 Street Address
156 Hancock
 City, State, Zip Code
Jersey City NJ 07304
 Name of Contact
Rev. Panigilipan
 Telephone Number

Agency Action
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification
☐ Initial
☐ Amended
☒ Emergency (including malfunction)
☐ Cancellation

WAVES APPROVED

Name of Facility Where Abatement is Taking Place (3)
St Paul of the Cross School
 Street Address
201 Sherman Ave
 City (5)
Jersey City
 County (8)
Hudson
 County Code (7) (STATE LSC QMLV)
School

Type of Facility (4)
☒ School (K-12)
☐ Supermarket (Other than K-12)
☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

Number of Floors

Building Age

Name of Monitoring Firm Hired by Building Owner (4)
Omega Environ.
 Address
280 Huxley St
 City, State, Zip Code
Hartoken NJ

Name of Abatement Contractor (9)
F. G. S. Co. Inc.
 Street Address
513 E. 3rd St
 City, State, Zip Code
Peterboro NJ 07307

Project Manager for Monitoring Firm
Leon Shoverly
 Telephone No.
201-489-7747

Telephone No.
201-489-7747

Start Date (10)
11/23/11

Schedule Completion Date (11)
11/27/11

Name of OSHA Monitor
S. J.

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe _____

Scope of Work (Check all that apply)
☒ Removal
☐ Encapsulation
☐ Demolition
☐ Other - Describe _____

Abatement Type
☒ Full Abatement with Negative Pressure
☐ Mini-Enclosure
☐ Enclosure Procedure
☐ Non-Encapsulated ("I") and High-Angle Procedure

Location of ASBESTOS-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT or other non-suspensionous)	Amount (Specify SF or L)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Boiler Room	<input checked="" type="checkbox"/>			Boiler Insulation	500 SF	<input checked="" type="checkbox"/>		
Boiler Room	<input checked="" type="checkbox"/>			Boiler Insulation	200 LF	<input checked="" type="checkbox"/>		
Boiler Room	<input checked="" type="checkbox"/>			Boiler Insulation	500 SF	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler
Eastern Waste
 City, State
Freehold NJ

Waste Hauler ID No.
1000000000

Cubic Yards of Waste
40

Disposal Date
11/30/11

Name of Registered Engineer
B.T. Imperia
 City, State
Freehold NJ

Signature
[Signature]

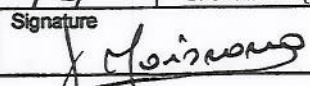
Date
11/20/11

Completed by
Frank C. [Signature]

* Do not use this form for asbestos license exemption fee waiver.

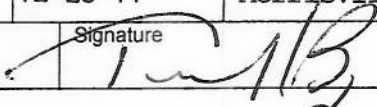
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 3228

Date of Notification (1) 11/29/11		Name of Building Owner/Operator (2) HUDSON HARBOUR							
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 1203 RIVER RD							
		City, State, Zip Code EDGEWATER, NJ. 07020							
		Name of Contact MR. JASON ZALIC							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HUDSON HARBOUR		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 1203 RIVER RD									
City (5) EDGEWATER	Square Feet 95000	# of Floors 22	Bldg. Age 1960						
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APT / CONDO							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South 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) 12/12/11	Scheduled Completion Date (11) 12/13/11	Name of OSHA Monitor Omega Environmental Services							
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 or ≥3 lf <input checked="" type="checkbox"/> Renovation <input 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) 220LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR OFFICE			X	THERMAL INSULATION		X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 49	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 12/13/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator	Signature 			Date 11/29/11			

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

Check # 7805
DEC - 5 2011
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 11-28-11		Name of Building Owner/Operator (2) Simon Property Group							
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 755 State Route 18							
		City, State, Zip Code East Brunswick, NJ 08816							
		Name of Contact Eric Evans							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brunswick Square Mall		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 755 State Route 18		Square Feet 225,754	# of Floors 1						
City (5) East Brunswick		Bldg. Age 39yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) shopping mall							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 5434 King Avenue, Suite 101		Street Address 923 Haws Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jay Murray	Telephone No. 856-616-9516	Telephone No. 610-239-9920	License No. 00398						
Start Date (10) 12/12/11	Scheduled Completion Date (11) 12/23/11	Name of OSHA Monitor Plymouth Environmental Co., Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>work area isolated</u>		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
rooms to fill store			x	sheetrock joint compound	3,300 SF	x			
roof			x	black sealant	5 SF	x			
roof			x	roof flashing	140 SF	x			
rooms to fill store			x	cove base mastic	30 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 40	Name of Registered Landfill GROWS, Inc.					
City, State Newark, NJ		Disposal Date 12-23-11		City, State Morrisville, PA					
Completed by Timothy E. Bryan		Title Vice-President		Signature 			Date 11-28-11		

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

Date of Notification (1) 11/28/11 Ck:1654 \$200		Name of Building Owner/Operator (2) South Orange/ Maplewood Board of Education - 5 2011							
Agencies Notified	Type Notification	Street Address 25 West Parker Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Maplewood, New Jersey 07040							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr William Kyle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maplewood Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Burnett Street		Square Feet 20,000	# of Floors 2						
City (5) Maplewood, New Jersey 07040		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 12/23/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room entrance stairwell	X			Wall Plaster	96 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 01/02/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 11/28/11					

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

Date of Notification (1) 11/28/11 Ck:1653 \$200		Name of Building Owner/Operator (2) South Orange/ Maplewood Board of Education							
Agencies Notified	Type Notification	Street Address 25 West Parker Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, New Jersey 07040							
		Name of Contact Mr William Kyle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Columbia High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Parker Avenue		Square Feet 20,000	# of Floors 2						
City (5) Maplewood, New Jersey 07040		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	License No. 01104						
Start Date (10) 12/23/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Faculty Cafeteria		X		Wall Plaster	210 SF	X			
Faculty Cafeteria		X		Pipe & Fitting Insulation	12 LF	X			
Boys Locker Room		X		Ceiling Plaster	140 SF	X		X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 01/02/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 11/28/11			

APPROVED
 NJ Dept of Health & Senior Services
 (signature)
 Date: 11/30/11 Time: 7:34 AM

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

Check # 7788

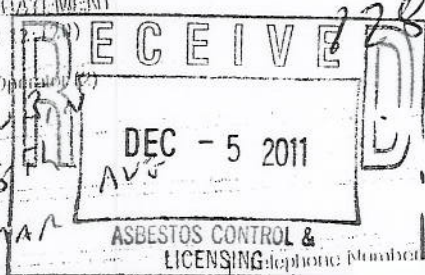
Date of Notification (1) 11/29/11		Name of Building Owner/Operator (2) MR BREARIE					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 331 WEST BATHURST AVE		City, State, Zip Code BRIDGEVIEW NJ 07631					
Name of Contact HARRY L		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BREARIE		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 331 W. BATHURST AVE		Square Feet 1450					
City (5) BRIDGEVIEW		# of Floors 2					
County (6) BRIDGEVIEW		Bldg. Age 56					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) REJ					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 105 Lowell Road					
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452					
Project Manager for Monitoring Firm		Telephone No. 201-262-5841					
Telephone No.		License No. 0C156 A					
Start Date (10) 11/30/11		Scheduled Completion Date (11) 12/1/11					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.					
		Street Address 280 Huyle Street					
		City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
BATHURST			X	PIPE	65 SF	X	
Name of Registered Waste Hauler DJM Transport Inc		NJDEP Waste Hauler ID No. 29681		Cubic Yards of Waste 1		Name of Registered Landfill Cumberland County Landfill	
City, State Kearny, New Jersey		Disposal Date 11/30/11		City, State Newburg, PA 17242			
Completed by R. McDonald		Title President		Signature (Signature)		Date 11/29/11	

RECEIVED
 DEC - 5 2011

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 8:27)

CR #

2283



Date of Notification (1) 11-30-11

Agencies Notified

- ☒ EPA
- ☒ DEP
- ☒ DOH
- ☒ DCA

Type Notification

- ☒ Initial
- ☐ Amended
- ☐ Amendment #
- ☐ Emergency (including justification)
- ☐ Cancellation

Name of Building Owner/Operator (2)

Street Address

City, State, Zip Code

Name of Contact

Phone Number

MR. Dano

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)

County (6)

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

Scheduled Completion Date (11)

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☒ Other - Describe: 7AM 7PM

Scope of Work (Check all that apply)

☒ 0-160 sf or < 3 ft

☒ 160 sf or > 260 ft

☐ Renovation

☒ Demolition

Type of Facility (4)

- ☐ School (K-12)
- ☒ Subchapter S (Other than K-12)
- ☐ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Current Use (Prior if being demolished)

HOUSE

Name of Abatement Contractor (9)

Street Address

City, State, Zip Code

Telephone No.

License No.

Name of OSHA Monitor

Street Address

City, State, Zip Code

Telephone No.

License No.

Name of OSHA Monitor

Street Address

City, State, Zip Code

Telephone No.

License No.

Name of OSHA Monitor

Street Address

City, State, Zip Code

Telephone No.

License No.

Name of OSHA Monitor

Street Address

City, State, Zip Code

Telephone No.

License No.

Name of OSHA Monitor

Street Address

City, State, Zip Code

Telephone No.

License No.

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

OUTDOORS

Is Location Normally Used Solely by Custodial Staff? (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Siding

Amount (Specify SF or LF)

1800

Abatement Type

10 20 30 40 50 60 70 80 90 100

Name of Registered Waste Hauler

City, State

Completed By

Title

Signature

Date

Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

Signature

Title

Date

Name of Registered Landfill

City, State

Signature

Title

Date

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

Check # 8052

Date of Notification (1) 11-30-11		Name of Building Owner/Operator (2) James Burns	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2401 Penn Ave #118 City, State, Zip Code Phila PA 19130	
		Name of Contact James Burns	Telephone Number 19130
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 1603 River Road		Square Feet	# of Floors 2
City (5) Belmar NJ 07719		Bldg. Age 60+-	
County (6) Monmouth		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC	
Street Address P.O. BOX 337		Street Address P.O. BOX 337	
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533	
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-758-3365	License No. 00394
Start Date (10) 12-13-11	Scheduled Completion Date (11) 12-13-11		Name of OSHA Monitor EPC TECHNOLOGIES, INC
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337	
		City, State, Zip Code NEW EGYPT, NJ 08533	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation	Amount (Specify SF or LF) 180 LF	Abatement Type Removal Repair Encapsulate Enclosure X
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3
City, State NEW EGYPT, NJ 08533		Disposal Date 12-14-11	Name of Registered Landfill WASTE MANAGEMENT OF PA
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker
		Date 11-30-11	

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

b check sent

12-15-11

DEC 5 2011

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-23-11		Name of Building Owner/Operator (2) Michael	
Agencies Notified	Type Notification	Street Address 50 Gaston Ave	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan NJ 08869	
		Name of Contact Michael Mayer	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4)	
Street Address 50 Gaston Ave		<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) Raritan NJ 08869	Square Feet	# of Floors 2	Bldg. Age 65+
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC	
Street Address P.O. BOX 337		Street Address P.O. BOX 337		
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533		
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-758-3365	Telephone No. 609-758-3365	License No. 00394
Start Date (10) Dec 15, 2011	Scheduled Completion Date (11) Dec 16, 2011		Name of OSHA Monitor EPC TECHNOLOGIES, INC	
Occupancy Status During Abatement (Check Only One)			Street Address P.O. BOX 337	
<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 NEW EGYPT, NJ 08533	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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 checked="" type="checkbox"/>			Pipe Insulation	100 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT OF PA	
City, State NEW EGYPT, NJ 08533		Disposal Date 12-16-11		City, State MORRISVILLE, PA	
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker	Date 11-23-11	

Forgot to Put the Date in

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

already sent check

Date of Notification (1) November 29, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc. 19-811	
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 2290 West County Line Road, Suite 202 City, State, Zip Code Jackson, NJ 08527 Name of Contact David Kiessling Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Holly Cottage		Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 130 Route 72		Square feet 6000 sf	
City New Lisbon	County (6) Burlington	County Code (7) (STATE USE ONLY)	# of Floors 1
			Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 116 Tices Lane, Unit B1		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm	Telephone Number 732-390-5858	Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 12/09/11	Scheduled Completion Date (11) 12/12/11	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) [x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf		[] Full Containment with Negative Pressure [x] Encapsulation [] Glovebag Procedure [] Non-Exempted (*) and Non-Friable Procedure	
[x] Renovation [] Demolition			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/13/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/29/2011

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

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

Date of Notification (1) November 29, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2290 West County Line Road, Suite 202	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact David Kiessling	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Pine Cottage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 130 Route 72					
City New Lisbon	County (6) Burlington	County Code (7) (STATE USE ONLY)	Square feet 6000 sf	# of Floors 1	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) Whitman			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 116 Tices Lane, Unit B1			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number 732-390-5858	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/07/11		Scheduled Completion Date (11) 12/08/11		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input 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"/> Encapsulation	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/09/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/29/2011

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

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

Date of Notification (1) 11/1/11		Name of Building Owner/Operator (2) NJ SDA							
Agencies Notified	Type Notification	Street Address 1 West State Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Bruce Leiblich	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bank Building		Type of Facility (4)							
Street Address 391 MLK Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City, NJ 07305		Square Feet 4500 +	# of Floors 1						
		Bldg. Age 55+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 00045	Name of Abatement Contractor (9) ALKAT Construction LLC						
Street Address 64 Broad Street		Street Address PO Box 603							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 973.893.7005	License No. 01097						
Start Date (10) 12/1/11	Scheduled Completion Date (11) 12/15/11	Name of OSHA Monitor Angel Ramov							
Occupancy Status During Abatement (Check Only One)		Street Address Paterson, NJ 07501							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor		X		Ceiling and wall plaster	9900 SF	X			
Main Floor		X		Filer paper	200 SF	X			
Mezzanine/combine area		X		VAT	4235 SF	X			
Roof		X		Roofing Material	4000 SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 40 +	Name of Registered Landfill IESI Bethlehem, PA					
City, State 1141 Route 23 Wayne, NJ			Disposal Date	City, State Bethlehem, PA					
Completed by Uros Spasic		Title GM	Signature	Date 11/28/11					

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

Date of Notification (1) November 29, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc. <i>already sent check CK 19809</i>	
Agencies Notified	Type of Notification	Street Address 2290 West County Line Road, Suite 202	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Jackson, NJ 08527	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Name of Contact David Kiessling	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Vine Cottage			Type of Facility (4)		
Street Address 130 Route 72			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City New Lisbon			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Square feet 6000 sf		
County (6) Burlington		County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8) Whitman			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 116 Tices Lane, Unit B1			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number 732-390-5858	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 12/14/11		Scheduled Completion Date (11) 12/16/11		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Encapsulation <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/19/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/29/2011

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