


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

#1294

Date of Notification (1) 12/01/2011		Name of Building Owner/Operator (2) Estate of Harriet J. Glancy		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  DEC - 6 2011  ASBESTOS  LICENSING </div>					
Agencies Notified		Type Notification				Street Address 15 Lorraine Place			
<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 Summit, New Jersey 07901			
						Name of Contact Mr. William E. Glancy / Executor			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4)					
Street Address 15 Lorraine Place				<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) Summit				Square Feet 2,000	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY)	Bldg. Age 80				
Name of Monitoring Firm Hired by Building Owner (8) TBD				ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC				
Street Address				Street Address 1385 Valley Road, Suite K					
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				(973) 928-5040	00874				
Start Date (10) 12/12/2011		Scheduled Completion Date (11) 12/15/2011		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K					
<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: Basement isolated from the rest of the house				City, State, Zip Code Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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	Pipe Insulation	75 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 4	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 12/01/2011		



REMEMBER - MAIL IN HARD COPY

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12)

RECEIVED

DEC - 6 2011

Print Form

ASBESTOS CONTROL & NOV 28 2011

Date of Notification (1) 11/10/2011		Name of Building Owner/Operator Ms. Geraldine Rinaldo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> IRLA		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 207 Carolyn Road		City, State, Zip Code Union, New Jersey 07083	
Name of Contact Ms. Geraldine Rinaldo		Telephone Number	

WAIVER APPROVED

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter X (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 207 Carolyn Road		Square Feet 2,000	
City (5) Union		# of Floors 2	
County (6) Union		Bldg Age 80	
Country Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No	
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC	
City, State, Zip Code		Street Address 1385 Valley Road, Suite K	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470	
Telephone No		Telephone No (973) 828-5040	
Start Date (10) 11/28/2011		License No 00874	
Scheduled Completion Date (11) 12/02/2011		Name of OSHA Monitor Sky Contracting, LLC	
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: Basement isolated from the rest of the house		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

Scope of Work (Check All That Apply)

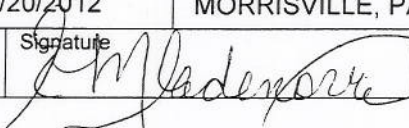
<input type="checkbox"/> Alter or Repair	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Removal of 3250 LF	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Exempt 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	Encapsulation	Enclosure
Basement			x	Pipe Insulation	25 LF	x			
Basement			x	Floor Tiles & Mastic	575 SF	x			
						x			
						x			

Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No 20990		Cubic Yards of Waste 10		Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio			
Completed by Predrag Sorcev		Title Vice President		Signature		Date 11/10/2011	



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

Date of Notification (1) 12/1/2011		Name of Building Owner/Operator (2) PAL-PIKE ASSOCIATES, LLC.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 6 2011 ASBESTOS ABATEMENT </div>					
Agencies Notified	Type Notification	Street Address ONE WAYNE HILLS MALL							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WAYNE, NJ 07470							
		Name of Contact ANDREW STEIGER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER PATHMARK				Type of Facility (4)					
Street Address 140 ROUTE 10				<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) RANDOLPH				Square Feet 55000	# of Floors 1				
County (6) MORRIS		County Code (7) (STATE USE ONLY)		Bldg. Age 50 +/-					
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN		ASCM No. 110		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING					
Street Address 116 TICES LANE, UNIT B-1				Street Address 250 RUTHERFORD BLVD.					
City, State, Zip Code EAST BRUNSWICK, NJ 08816				City, State, Zip Code CLIFTON, NJ 07014					
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858		Telephone No. 973-956-8700	License No. 00494				
Start Date (10) 12/12/2011		Scheduled Completion Date (11) 01/20/2012		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: VACANT BUILDING				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
OFFICE AREA		X		VAT & MASTIC	1200 SF	X			
OPEN AREA		X		VAT & MASTIC	51,800 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State CLIFTON, NJ		Disposal Date 01/20/2012		City, State MORRISVILLE, PA					
Completed by ELIZABETH MLADENOVIC		Title SECRETARY		Signature 		Date 12/1/2011			



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

*APPROVED: CINDY MITCHELL, NJDOH*

*CL# 2186*

Date of Notification (1) <b>12/2/11</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1490 Prospect Street</b>							
		City, State & Zip Code <b>Trenton, NJ 08638</b>							
		Name of Contact <b>Mr. Everett O. Collins</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Grace Dunn MS</b>		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 <b>401 Dayton Street</b>		Square Feet	# of Floors						
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>	Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>12/3/11</b>	Scheduled Completion Date (11) <b>12/4/11</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>12/3/11 - 7 AM - 7 PM; 12/4/11 - 7 AM - 5 PM</b> <input type="checkbox"/> Facility Occupied During Abatement 7 AM to 3:30 PM		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
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 ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT MECHANICAL TUNNEL /CRAWLSPACE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TSI</b>	<b>55 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>BRISTOL, PA 19007</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>						
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / jl</i>				Date <b>12/2/11</b>		



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

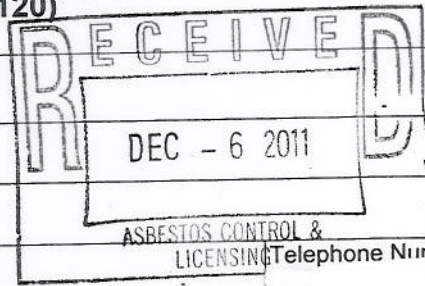
*APPROVED: CINDY MITCHELL, NJDOH*

Date of Notification (1) <b>12 / 2 / 12</b>		Name of Building Owner/Operator (2) <b>East Orange Municipal Building</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>221 Freeway Dr. East</b>							
		City, State, Zip Code <b>East Orange, NJ 07018</b>							
		Name of Contact <b>Ira Fishkin</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>East Orange Court house</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>221 Freeway Dr. East</b>		Square Feet <b>25,000</b>							
City (5) <b>East Orange</b>		# of Floors <b>2</b>							
County (6) <b>Essex</b>		Bldg. Age <b>50+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc.</b>		ASCM No.							
Street Address <b>1253 N. Church St</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>856-840-8800</b>		Telephone No. <b>215-788-6040</b>							
License No. <b>00509</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Start Date (10) <b>12 / 2 / 11</b>		Scheduled Completion Date (11) <b>12 / 12 / 11</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/5:00PM-1:30AM</b> <i>12/3/11-10AM-8PM; 12/4/11-OFF SITE; 12/5-REGULAR</i> <b>HRS. 5PM-1:30AM</b>		Street Address <b>1123 BEAVER STREET</b>							
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		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
<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
<b>1<sup>st</sup> floor office space</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>loose plaster debris scattered over</b>	<b>4800 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ceiling tile</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throughout basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>clean up loose plaster debris</b>	<b>100 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste		Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>12/2/11</b>			

*BS11114*



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



Date of Notification (1) <b>11/16/2011</b>		Name of Building Owner / Operator (2) <b>Absecon Blvd Investments Inc</b>	
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		Street Address <b>3101 Boardwalk #3405-1</b>
	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		City, State & Zip Code <b>Atlantic City, NJ 08401</b>
			Name of Contact <b>Paul Dengler</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Abandoned</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1200 Absecon Blvd</b>		Square Feet <b>10000</b>	# of Floors <b>1</b>
City (5) <b>Atlantic City</b>	County (6) <b>Ocean</b>	Bldg. Age <b>80</b>	
		Current Use (Prior if being demolished) <b>Commercial-Not in Use</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
Street Address		Street Address <b>2129 Rt 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>11/9/2011</b>	Scheduled Completion Date (11) <b>12/15/2011</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Roof 1st Floor Coolers 1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Roofing Cork VAT
			Amount (Specify SF or LF) <b>10000sf 3000sf 20sf</b>
			Abatement Type Removal: <input checked="" type="checkbox"/> Repair: <input type="checkbox"/> Encapsulate: <input type="checkbox"/> Enclosure: <input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>0033330</b>	Cubic Yards of Waste
City, State <b>Hamilton</b>		Name of Registered Landfill <b>Grows Landfill</b>	
		Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>
			Date <b>11/16/2011</b>



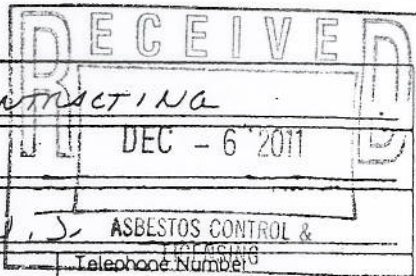
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) <b>11/7/2011</b>		Name of Building Owner / Operator (2) <b>Absecon Blvd Investments Inc</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initialf <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>3101 Boardwalk #3405-1</b>
			City, State & Zip Code <b>Atlantic City, NJ 08401</b>
			Name of Contact <b>Paul Dengler</b>
			Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Abandoned</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1200 Absecon Blvd</b>		Square Feet <b>10000</b>	# of Floors <b>1</b>
City (5) <b>Atlantic City</b>	County (6) <b>Ocean</b>	County Code (7)	Bldg. Age <b>80</b>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Current Use (Prior if being demolished) <b>Commercial-Not in Use</b>
Street Address		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
City, State & Zip Code		Street Address <b>2129 Rt 33</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>11/9/2011</b>	Scheduled Completion Date (11) <b>11/20/2011</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) <b>Roof</b>	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) <b>Roofing</b>
	Amount (Specify SF or LF) <b>10000sf</b>		
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>0033330</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Hamilton</b>		Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>
			Date <b>11/7/2011</b>



CHECK #  
2142

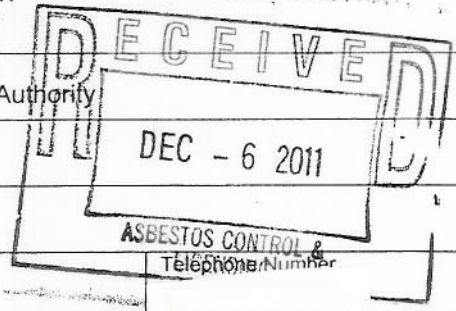
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>12/2/11</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u> City, State, Zip Code <u>GREENFIELD, N.J.</u> Name of Contact <u>BRUCE BREUNIG</u>					
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>138 ASBURY AVE.</u>		Square Feet # of Floors Bldg. Age					
City (5) <u>OCEAN CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>					
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Telephone No.		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>12/16/11</u>		Scheduled Completion Date (11) <u>12/23/11</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
		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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<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) <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) <u>2500#</u>	Abatement Type			
				Removal	Repair	Encapsulation	Encasement
<u>SIDING</u>		<u>TRANSITE</u>	<u>2500#</u>	<input checked="" type="checkbox"/>			
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>12/2/11</u>				



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) Jersey City Municipal Utilities Authority							
Agencies Notified	Type Notification	Street Address 555 Route 440							
<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 Jersey City, New Jersey							
		Name of Contact David Ambrose							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sedimentation Basin		Type of Facility (4)							
Street Address 555 Route 440		<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, New Jersey		Square Feet 45,000	# of Floors 0						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Not in use						
Name of Monitoring Firm Hired by Building Owner (8) CNS Management		ASCM No. _____	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 208 Newtown Road		Street Address 3000 Burns Avenue							
City, State, Zip Code Plainview, NY 11803		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Michael Nolan		Telephone No. 917-299-7122	Telephone No. 516-876-0020						
License No. 01085									
Start Date (10) 12-12-11	Scheduled Completion Date (11) 12-11-13	Name of OSHA Monitor Gramercy Group Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 3000 Burns Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility scheduled for demolition. No occupancy		City, State, Zip Code Wantagh, NY 11793							
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
SE Corner of sedimentation bsn roof			X	Roof Flashing	250 sf	X			
N side of sedimentation basin			X	Window Caulking	1000 lf	X			
						X			
						X			
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227	Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprises					
City, State Northampton, PA 18067		Disposal Date 1-30-12		City, State Waynesburg OH					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 		Date 11-28-11			



APPROVED: TOM VOORHEES, NJ DOH

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

Q# 2184

Date of Notification (1) <b>12 / 1 / 11</b>		Name of Building Owner/Operator (2) <b>Pamela Perez</b>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>DEC - 6 2011</b>   ASBESTOS Licensure  <b>LICENSURE</b> </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>1000 Genesee</b>			
		City, State, Zip Code <b>Trenton, NJ 08610</b>				Name of Contact <b>Pamela Perez</b>			
						Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>1000 Genesee St</b>									
City (5) <b>Trenton</b>				Square Feet <b>1200</b>	# of Floors <b>2</b>				
				Bldg. Age <b>40+</b>					
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection Inc</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>120 North Warren St</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Trenton, NJ 08010</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <b>12 / 1 / 11</b>		Scheduled Completion Date (11) <b>12 / 2 / 11</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>6 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>1/4</b>	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>				
City, State <b>BRISTOL, PA 19007</b>				Disposal Date <b>12/2/11</b>	City, State <b>MORRISVILLE, PA 19067</b>				
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>12/1/11</b>			



Amended Notice - ADD 355<sup>+</sup> VAT/MASTIC Amended check # 3243

ALL OTHER INFO = SAME

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

Date of Notification (1) <b>12-2-2011</b>		Name of Building Owner/Operator (2) <b>GM REALTY</b>							
Agencies Notified	Type Notification	Street Address <b>374 SYLVAN AVE</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>ENGLEWOOD CLIFFS, NJ 07632</b>							
		Name of Contact <b>C. DITTMAR</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>GM REALTY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>374 SYLVAN AVE</b>		Square Feet <b>28000</b>							
City (5) <b>ENGLEWOOD CLIFFS</b>		# of Floors <b>2</b>							
County (6) <b>BERGEN</b>		Bldg. Age <b>45 YRS</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT OFFICE/GARAGE</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ARCADIS US INC</b>		ASCM No.							
Street Address <b>10 FRIENDS LANE</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
City, State, Zip Code <b>NEWTOWN, PA 18940</b>		Street Address <b>450 South River St</b>							
Project Manager for Monitoring Firm <b>C. DITTMAR</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Telephone No. <b>80 225 1966</b>		Telephone No. <b>201-329-7444</b>							
Start Date (10) <b>11-29-2011</b>		License No. <b>00388</b>							
Scheduled Completion Date (11) <b>12-7-2011</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
AMENDED AMOUNT 2 <sup>ND</sup> FLOOR LOCKER ROOM			X	VAT + MASTIC	355 SF	X			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>		Cubic Yards of Waste <b>8 YDS</b>		Name of Registered Landfill <b>GROWS LANDFILL</b>			
City, State <b>South Kearny N.J. 07032</b>		Disposal Date <b>12-7-2011</b>		City, State <b>FALLS TOWNSHIP, PA</b>					
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>		Signature <b>R. Veldman</b>		Date <b>12-2-11</b>			



ORIGINAL EMERGENCY NOTICE

RECEIVED

Check # 3211

REMEMBER - MAIL IN HARD COPY

DEC - 6 2011

DOL - 10 DAY

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)  
ASBESTOS CONTROL & ABATEMENTCheck # 3211  
NOV 2 2011  
JW/WH

Date of Notification (1) <b>11-23-2011</b>		Name of Building Owner/Client (2) <b>GM REALTY</b>		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 17:27 and 17:28) ASBESTOS CONTROL & ABATEMENT Check # 3211 NOV 2 2011 JW/WH	
Agency/ies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>374 SYLVAN AVE</b> City, State, Zip Code <b>ENGLEWOOD CLIFFS, NJ 07632</b> Name of Contact <b>C. DITTMAR</b> Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>GM REALTY</b> Street Address <b>374 SYLVAN AVE</b> City (4) <b>ENGLEWOOD CLIFFS</b> County (5) <b>BERGEN</b>			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.) Square Feet <b>28000</b> # of Floors <b>2</b> High Age <b>45 YRS</b> Current Use (Prior if being demolished) <b>VACANT OFFICE/GARAGE</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ARCADIS US INC</b> Street Address <b>10 FRIENDS LANE</b> City, State, Zip Code <b>NEWTOWN, PA 18940</b>		ASCM No. _____		Name of Abatement Contractor (9) <b>Best Removal Inc</b> Street Address <b>450 South River St</b> City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm <b>C. DITTMAR</b> Start Date (10) <b>11-29-2011</b>		Telephone No. <b>802251966</b>		Telephone No. <b>201-329-7444</b> License No. <b>00388</b>	
Scheduled Completion Date (11) <b>12-7-2011</b>		Name of OSHA Monitor <b>Omega Environmental Services</b> Street Address <b>280 Huyler St</b> City, State, Zip Code <b>South Hackensack, N.J. 07606</b>			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____					
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 of or 23 ft <input checked="" type="checkbox"/> 2160 of or 2200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Finish Procedure					
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (12) <b>ROOF CHIMNEY</b> <b>FIRST FLOOR LOBBY</b> <b>FIRST FLOOR SECOND FLOOR</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL SYSTEM INSULATION</b> <b>VAT + MASTIC</b> <b>THERMAL SYSTEM INSULATION</b>	
				Amount (Specify SF or LF) <b>6 LF</b> <b>525 SF</b> <b>20 LF</b>	
				Abatement Type Removal Repair Encapsulate Enclose <b>X</b> <b>X</b> <b>X</b>	
Name of Registered Waste Hauler <b>DJM Transport, Inc</b> City, State <b>South Kearny N.J. 07032</b>		NJDEP Waste Hauler ID No. <b>22393</b>		Cubic Yards of Waste <b>8 YDS</b> Disposal Date <b>12-7-2011</b> Name of Registered Landfill <b>GROWS LANDFILL</b> City, State <b>FALLS TOWNSHIP, PA</b>	
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>		Signature <b>P. Valderan</b> Date <b>11-23-2011</b>	

ACB-41 (R 05-08)

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



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

Date of Notification (1) 12 / 02 / 11		Name of Building Owner / Operator (2) USACE NY DISTRICT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 26 FEDERAL PLAZA, ROOM 1811		City, State, Zip Code NEW YORK, NY 10278	
Name of Contact SANDRA PIETTRO		Telephone Number & FAX	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) FORMER RARITAN ARSENAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 2890 WOODBRIDGE AVE			Square Feet N/A		
City (5) EDISON	County (6) MIDDLESEX	County Code (7)	# Of Floors N/A	Building Age N/A	
Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 335 HIGH STREET			Street Address 462 GETTY AVENUE		
City, State, Zip Code METUCHEN, NJ 08840			City, State, Zip Code CLIFTON, NJ 07011		
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT			Telephone Number 732-321-0666		
Sched. Start Date (10) 12 / 06 / 11		Sched. Completion Date (11) 12 / 08 / 11		Telephone Number 973-772-3660	
				License Number 00117	

Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON - FRID - 7:00AM - 3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 GETTY AVENUE	
		City, State, Zip Code CLIFTON, NJ 07011	

Scope of Work (Check All That Apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf	<input checked="" type="checkbox"/> Mini - Enclosure	<input checked="" type="checkbox"/> Glovebag Procedure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<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)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 12/2/11



2523  
Operator (2)  
DEC - 6 2011  
ASBESTOS CONTROL 2  
LIFE

ASB-41



Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
FIREHOUSE #3 - OUTSIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>								



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

361041

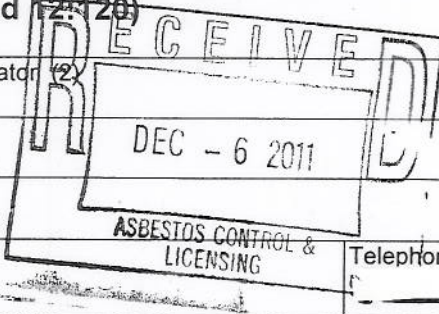
Date of Notification (1) 10 / 12 / 11		Name of Building Owner / Operator (2) Paulsboro Refining Company LLC		Check# TBD	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Street Address 800 Billingsport Road City, State, Zip Code Paulsboro, NJ 08066 Name of Contact Rich Horbiak Telephone Number 609-386-8800	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) PBF-Paulsboro Firehouse			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 800 Billingsport Road			Square Feet N/A # Of Floors 2 Building Age 50+		
City (5) Paulsboro	County (6) Glouster	County Code (7)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Associates		ASCM NO 98	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 3 Terri Lane		Street Address 462 Getty Avenue			
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Clifton, NJ 07011			
Project Mngr. For Monitoring Firm John Lutz		Telephone Number 609-386-8800	Telephone Number 973-772-3660		
Sched. Start Date (10) 10 / 26 / 11		Sched. Completion Date (11) 12 / 07 / 11	License Number 00117		
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM			Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> ≥160 sf or ≥260 lf <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) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L    R E P A I R    E N C A P S U L    E N C L O S U R	
Firehouse #3	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Transite Panels	300SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Office area	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor Tile/ Mastic	1000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Can Storage	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	120LF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FireHouse #3/Can Storage	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing	16,402SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler LVI Demolition Services Inc. 32 Williams Parkway		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State East Hanover, NJ 07936		Disposal Date 12/7/2011	City, State 1000 New Ford Mill Rd. Morrisville, PA. 19067		
Completed by (Print or Type) Dan Stabilito / P. Demeropoulos		Title Health and Safety Officer	Signature 		Date 10/12/11



State of New Jersey 1110-4394  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check # 3440  
(Pursuant to N.J.A.C. 8:60 and 12:26)

*No check sent*

Date of Notification (1) <b>11/30/11</b>		Name of Building Owner / Operator (2) <b>Frist Energy Service</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>300 Madison Ave.</b> City, State & Zip Code <b>Norristown, NJ 07962-1911</b> Name of Contact <b>Wayne Jones</b>	
		Telephone Number	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L/First Energy</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>147 Route 31 North</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Flemington</b>	County (6) <b>Hunterdon</b>	County Code (7)	Current Use (Prior if being demolished) <b>Utility Building</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>140 South Village Ave. Suite 130</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Exton, PA 19341</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone Number <b>610-524-5525</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>10/31/11</b>	Scheduled Completion Date (11) <b>12/30/11</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>3:30 PM to Midnight</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Laundry Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>344 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/30/11</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>		Signature <i>[Signature]</i>	
				Date <b>11/30/11</b>	



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

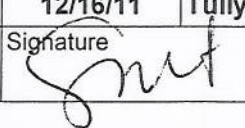
1108-4360  
Check # 3579

Date of Notification (1) <b>11/30/11</b>		Name of Building Owner / Operator (2) <b>Department of Veterans Affairs James J. Peters VA Medical Center</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>130 West Kingsbridge Rd.</b> City, State & Zip Code <b>Bronx, NY 10468-3904</b> Name of Contact <b>Administration</b> Telephone Number	

**RECEIVED**  
DEC - 6 2011  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>VA New Jersey Healthcare System</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>385 Tremont Ave.</b>		Square Feet	# of Floors
City (5) <b>East Orange</b>	County (6) <b>Essex</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Medical Center</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigation, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>655 West Shore Trail</b>		Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>Sparth, NJ 07871</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>William S. Kerbel</b>		Telephone Number <b>973-729-5649</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>12/12/11</b>	Scheduled Completion Date (11) <b>12/16/11</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door Caulk	753 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

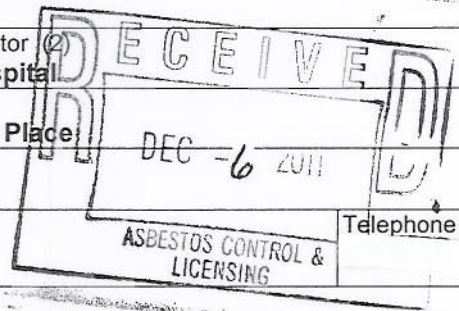
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>12/16/11</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>11/30/11</b>



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

1111-4407

Date of Notification (1) <b>11/30/11</b>		Name of Building Owner / Operator (2) <b>Robert Wood Johnson Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>One Robert Wood Johnson Place</b>		City, State & Zip Code <b>New Brunswick, NJ 08901</b>	
Name of Contact <b>Geiser Fajardo</b>		Telephone Number	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>One Robert Wood Johnson Place</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>New Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>280 Huyler Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>South Hackensack, NJ 07606</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8400</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>11/21/11</b>		Scheduled Completion Date (11) <b>12/5/11</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

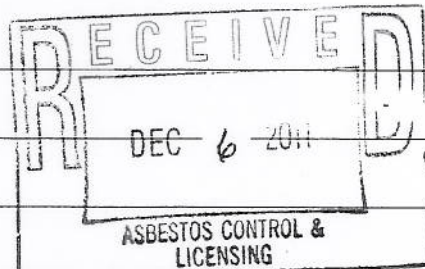
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical/Air Handler Room(3) Containments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/Air Handler Room(3) Containments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	43 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Area (1) Containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green Area (1) Containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	12 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/5/11</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>11/30/11</b>



980062

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



Date of Notification (1) <b>11/30/11</b>		Name of Building Owner/Operator (2) <b>BP US Pipelines &amp; Logistics</b>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" 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	<b>350 Costal St</b> City, State, Zip Code <b>Port Newark, NJ</b> Name of Contact <b>Yvan Beausoleil</b>							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BP US Pipelines &amp; Logistics</b>		Type of Facility (4)							
Street Address <b>350 Costal St</b>		<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) <b>Port Newark, NJ</b>		Square Feet <b>1965</b>	# of Floors <b>1</b>						
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <b>Oil Storage Tank</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, LLC</b>		ASCM No. <b>00023</b>	Name of Abatement Contractor (9) <b>New States Contracting, LLC</b>						
Street Address <b>1600 Route 22 East, Suite 107</b>		Street Address <b>2400 Main Street Extension, Suite 10</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Sayreville, NJ 08872</b>							
Project Manager for Monitoring Firm <b>Michael Nehlsen</b>		Telephone No. <b>908-686-2636</b>	Telephone No. <b>732-525-0100</b>						
License No. <b>00749</b>		Name of OSHA Monitor <b>Hillmann Consulting, LLC</b>							
Start Date (10) <b>12/13/11</b>		Scheduled Completion Date (11) <b>01/27/12</b>							
Occupancy Status During Abatement (Check Only One)		Show Desktop.scf							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>Unoccupied tank farm</b>		Street Address <b>1600 Route 22 East, Suite 107</b>							
		City, State, Zip Code <b>Union, NJ 07083</b>							
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 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) In Facility (13) <b>TO BE ABATED</b>	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) <b>3930 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Oil Storage Tank Roof T104/2004</b>	<b>X</b>			<b>Roof Mastic</b>		<b>X</b>			
<b>And T105/2005</b>	<b>X</b>								
Name of Registered Waste Hauler <b>AUCHTER INDUSTRIAL VAC SERVICE INC</b>		NJDEP Waste Hauler ID No. <b>980772768</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>G.R.O.W.S North</b>					
City, State <b>4801 SOUTH WOOD AVENUE, LINDEN, NJ 07036</b>		Disposal Date		City, State <b>Morrisville, PA 19067</b>					
Completed by <b>Kurt Nale</b>		Title <b>Superintendent</b>		Signature <i>Kurt Nale</i>			Date <b>11/30/11</b>		



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

B & G proj. #: 2011-238

Check # 4926

Date of Notification (1) 12/1/10 12/1/11		Name of Building Owner/Operator (2) Nancy Panella	
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 162 Maple Street		City, State, Zip Code New Providence, NJ 07974	
Name of Contact Nancy Panella		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nancy Panella			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 162 Maple Street			Square Feet		
City (5) New Providence, NJ 07974			# of Floors		
County (6) Union			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-696-6869	
Scheduled Start Date (10) 12/16/2011		Sched. Completion Date (11) 12/16/2011		License Number 0378	
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:					
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)

- |  |  |   |  |
|--|--|---|--|
| <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						
boiler room & storage room			<input checked="" type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/19/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 12/2/2011



B &amp; G proj. #: 2011-246

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 17:26-7)

Non Sub 8

Check # 4924

Date of Notification (1) 12/10/11		Name of Building Owner/Operator (2) Ridgewood Board of Education	
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 49 Cottage Place		City, State, Zip Code Ridgewood, NJ 07450	
Name of Contact Steve Tichenor		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ridgewood 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 627 East Ridgewood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Ridgewood, NJ 07450	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 12/12/11		Sched. Completion Date (11) 12/13/11			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Start work 3:30 pm					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boys toilet room			<input checked="" type="checkbox"/>	VAT	36 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1964 toilet room area			<input checked="" type="checkbox"/>	elbows	5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 12/13/2011	City, State Tullytown, PA	Date 12/2/11
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 12/2/11



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

B & G proj. #: 2011-245

Check # 4925

Date of Notification (1) 12/10/11		Name of Building Owner/Operator (2) Debra Roman	
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 76 Werner Place		City, State, Zip Code Teaneck, NJ 07666	
Name of Contact Debra Roman		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Debra Roman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 76 Werner Place			Square Feet		
City (5) Teaneck, NJ 07666			County (6) Bergen		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		License Number 0378
Sched. Start Date (10) 12/14/2011			Sched. Completion Date (11) 12/14/2011		
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:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	84 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/15/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 12/2/2011



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

B & G proj. #: 2011-244

Check # 4927

Date of Notification (1) <u>12/1/10 12/1/11</u>		Name of Building Owner/Operator (2) <u>Arleen &amp; Louis Domino</u>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   DEC 6 2011   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>41 Florence Place</u> City, State, Zip Code <u>Elmwood Park, NJ 07407</u>		
Type Notification		Name of Contact		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		<u>Arleen &amp; Louis Domino</u>		
		Telephone Number		

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <u>Arleen &amp; Louis Domino</u>				Type of Facility (4)	
Street Address <u>41 Florence Place</u>				<input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
City (5) <u>Elmwood Park, NJ 07407</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>			Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address <u>105 Ryerson Road</u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>	
Scheduled Start Date (10) <u>12/14/2011</u>		Sched. Completion Date (11) <u>12/15/2011</u>			
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
boiler room/water meter closet			<input checked="" type="checkbox"/>	pipe insulation	10 lf / 1 lf	<input checked="" type="checkbox"/>			
boiler room			<input checked="" type="checkbox"/>	pipe	12 lf			<input checked="" type="checkbox"/>	
storage room			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>			
storage room			<input checked="" type="checkbox"/>	pipe	9lf			<input checked="" type="checkbox"/>	
hallway			<input checked="" type="checkbox"/>	pipe	6 lf			<input checked="" type="checkbox"/>	
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>12 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>				
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>12/15/2011</u>		City, State <u>Tullytown, PA</u>					
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>		Signature <u>Gordana Luna</u>			Date <u>12/2/2011</u>		

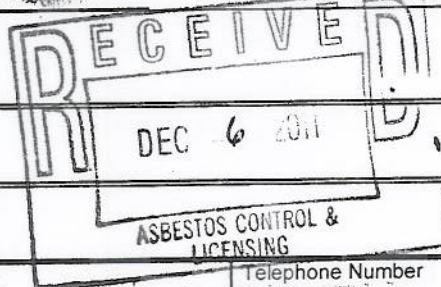


State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2011-239

Check # 4923

Date of Notification (1) <u>12/10/11</u>		Name of Building Owner/Operator (2) Christine Dressler	
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 79 Lake Drive		City, State, Zip Code Mountain Lakes, NJ 07046	
Name of Contact Christine Dressler		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Christine Dressler			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 79 Lake Drive			Square Feet		
City (5) Mountain Lakes, NJ 07046			County (6) Morris		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		License Number 0378
Sched. Start Date (10) 12/12/2011			Sched. Completion Date (11) 12/13/2011		
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:			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)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input checked="" 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						
main room area			<input checked="" type="checkbox"/>	pipe insulation	84 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallway & laundry room			<input checked="" type="checkbox"/>	pipe insulation	30 lf/30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage area			<input checked="" type="checkbox"/>	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe insulation	42 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	boiler insulation	70 sf	<input checked="" 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 3 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/14/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 12/2/2011