

State of NJ

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

D&S Proj. #: MS 11-484

APPROVED
NJ Dept. of Health & Senior Services
Date: 11/30/11 Time: 2:08 PM

Date of Notification (1)
11/11/10

Name of Building Owner/Operator (2)
MENITA GRZYB

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

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

Amendment #:

Street Address
158 WEST 32ND STREET

City, State, Zip Code
BAYONNE, NJ

Name of Contact
MENITA GRZYB

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MENITA GRZYB

Street Address
158 WEST 32ND STREET

City (5)
BAYONNE

County (6)
HUDSON

County Code (7)
(State use only)

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

Square Foot
of Floors
Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
12/01/11

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

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

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ >160 sf or >260 lf
- ☒ Renovation
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	40 LFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	35 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
12/02/11

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

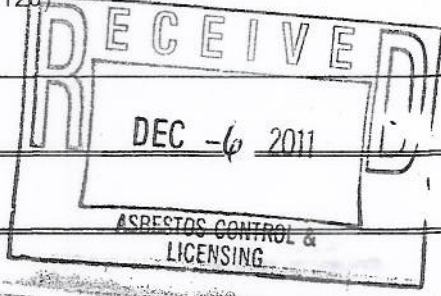
Signature

Date
11/30/11

Do not use this form for asbestos licensure exempted activities.

D&S Proj. #: MS 11-484

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



Date of Notification (1) 11/13/11		Name of Building Owner/Operator (2) MENITA GRZYB	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 158 WEST 32ND STREET		City, State, Zip Code BAYONNE, NJ	
Name of Contact MENITA GRZYB		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MENITA GRZYB			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 158 WEST 32ND STREET			Square Feet # of Floors Bldg. Age		
City (5) BAYONNE	County (6) HUDSON	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 12/01/11		Sched. Completion Date (11) 12/09/11	License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	40 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	35 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/02/11	City, State TULLYTOWN, PA	

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



Date of Notification (1) <div style="text-align: center;">12 / 1 / 11</div>		Name of Building Owner/Operator (2) Estate of Arthur E. Efros	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 Maple Avenue Suite 10B	
		City, State, Zip Code Red Bank, NJ 07701	
		Name of Contact Pete A. Efros	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former A & P		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 580 N Main Street			
City (5) Barnegat, NJ 08005		Square Feet 25000	# of Floors 1
		Bldg. Age 50	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems
Street Address 28 N. Pennell Road		Street Address 550 East Union Street	
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238	Telephone No. 610-701-9000
		License No. 00508	
Start Date (10) <div style="text-align: center;">12 / 7 / 11</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 16 / 11</div>	Name of OSHA Monitor AET	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM		Street Address 28 N. Pennell Road	
		City, State, Zip Code Media, PA 19063	

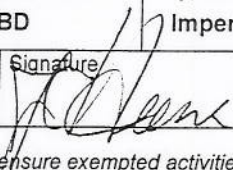

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mastic	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

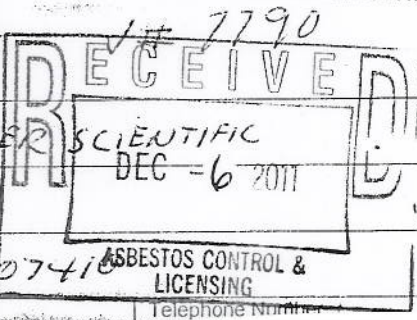
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 60	Name of Registered Landfill BFI Imperial	
City, State Hazleton, PA			Disposal Date TBD	City, State Imperial, PA	
Completed By (Print or Type) John Heemer	Title Estimator	Signature 		Date 12/1/11	

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

Date of Notification (1) 11 / 21 / 11		Name of Building Owner/Operator (2) Estate of Arthur E. Efros		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC - 6 2011 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 Maple Avenue Suite 10B							
		City, State, Zip Code Red Bank, NJ 07701							
		Name of Contact Pete A. Efros							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former A & P				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 580 N Main Street									
City (5) Barnegat, NJ 08005				Square Feet 25000	# of Floors 1				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Road			Street Address 550 East Union Street						
City, State, Zip Code Media, PA 19063			City, State, Zip Code West Chester, PA 129382						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) 12 / 5 / 11	Scheduled Completion Date (11) 12 / 14 / 11		Name of OSHA Monitor AET						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u> </u> AM			Street Address 28 N. Pennell Road						
			City, State, Zip Code Media, PA 19063						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mastic	25000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 60	Name of Registered Landfill BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD	City, State Imperial, PA						
Completed By (Print or Type) John Heemer	Title Estimator	Signature 	Date 						

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

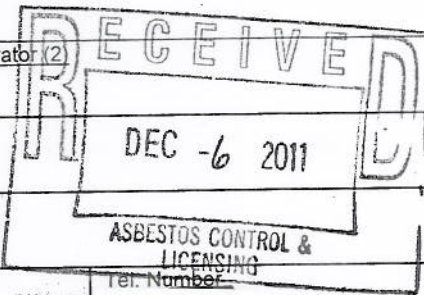


Date of Notification (1) 12/1/11		Name of Building Owner/Operator (2) THERMO FISHER SCIENTIFIC							
Agencies Notified	Type Notification	Street Address 1 REAGENT LANE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FAIR LAWN NJ 07410							
		Name of Contact ROBERT BECK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) THERMO FISHER SCIENTIFIC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 REAGENT LANE		Square Feet 14000	# of Floors 2						
City (5) FAIR LAWN		Bldg. Age 52							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE / LAB / WAREHOUSE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 12/10/11	Scheduled Completion Date (11) 12/12/11	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
LAB ROOM			X	TRANSITE LAB HOODS	300 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457			Disposal Date 12/10/11	City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald	Date 12/1/11					

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

Date of Notification (1) 12/1/11		Name of Building Owner/Operator (2) ROTHWELL ASSOCIATES, LLC		Date: 12/1/11 Time: 3:05 PM					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 20 MYRTLE AVE. City, State, Zip Code EDGEWATER, NJ 07020 Name of Contact AMIT SHAW Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ROTHWELL ASSOCIATES LLC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 47 GERALDINE ROAD			Square Feet 1850 # of Floors 2 Bldg. Age 52						
City (5) EDGEWATER CLIFF, NJ			Current Use (Prior if being demolished) RES. / DEMO						
County (6) BERGEN		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address				Street Address 105 Lowell Road					
City, State, Zip Code				City, State, Zip Code Glen Rock, N.J. 07452					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841 License No. 00156					
Start Date (10) 12/3/11		Scheduled Completion Date (11) 12/5/11		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
GEN			X	TILE	430 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457				Disposal Date 12/3/11		City, State Bethlehem, PA 18015			
Completed by R. McDonald		Title President		Signature [Signature]		Date 12/1/11			

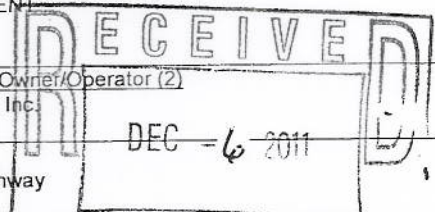
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



<u>Date of Notification (1)</u> 12/5/2011		<u>Name of Building Owner/Operator (2)</u> Eric Dzikowski																			
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<u>Type Notification</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including <input type="checkbox"/> Justification <input type="checkbox"/> Cancellation	<u>Street Address</u> 25 Kelly Parkway <u>City, State, Zip Code</u> Bayonne, NJ 07002 <u>Name of Contact</u> Eric Dzikowski																			
FACILITY INFORMATION																					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential		<u>Type of Facility (4)</u> <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)																			
<u>Street Address</u> 25 Kelly Parkway		<u>Square Feet:</u> 2,000 <u># of Floors:</u> 2 <u>Bldg. Age:</u> 75+																			
<u>City (5)</u> Bayonne	<u>County (6)</u> Hudson	<u>County Code (7)</u> (State Use Only)																			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> C.A Environmental		<u>ASCM No.</u> 48937																			
<u>Street Address</u> 2200 Paterson Plank Road		<u>Name of Contractor (9)</u> JVN RESTORATION INC.																			
<u>City, State, Zip Code</u> North Bergen, NJ 07047		<u>Street Address</u> 47 Foster Road																			
<u>Project Manager for Monitoring Firm</u> Carmelo Altomonte		<u>Telephone Number</u> 201-864-6583																			
<u>Scheduled Start Date (10)</u> 12/19/2011		<u>Scheduled Completion Date (11)</u> 12/21/2011																			
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe		<u>City, State, Zip Code</u> Staten Island, New York 10309																			
<u>Source of Work (Check all that apply)</u> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation																			
<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 (X) and Non Friable Procedure		<input type="checkbox"/> Non-Exempted (X) and Non Friable Procedure																			
<u>Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</u>	<u>Is Location Normally Used Solely by Maintenance./Custodial Staff? (12)</u> Yes No N/A	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;"><u>Amount (Specify SF or LF)</u></th> <th colspan="4" style="text-align: left;"><u>Abatement Type</u></th> </tr> <tr> <th style="width: 15%;">Rem.</th> <th style="width: 15%;">Rep.</th> <th style="width: 15%;">Encap</th> <th style="width: 15%;">Enclose</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<u>Amount (Specify SF or LF)</u>		<u>Abatement Type</u>				Rem.	Rep.	Encap	Enclose			X					
<u>Amount (Specify SF or LF)</u>		<u>Abatement Type</u>																			
Rem.	Rep.	Encap	Enclose																		
X																					
Basement	X	Pipe Insulation	18 LF	X																	
<u>Name of Reg. Waste Hauler</u> Express Waste LLC		<u>NJDEP Waste Hauler ID #</u> NJ-804																			
<u>City, State</u> Newark, N.J.		<u>Cubic Yards of Waste</u> 3																			
<u>Completed by (Print or Type)</u> John Tardy		<u>Title</u> Senior Project Manager																			
<u>Signature</u> 		<u>Date</u> 12/5/2011																			
<u>Name of Reg. Landfill</u> Cumberland County Landfill		<u>Disp. Date</u> 12/19/2011																			
<u>City, State</u> Newburg, PA		<u>City, State</u> Newburg, PA																			

520135

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



Date of Notification (1) 12/05/11		Name of Building Owner/Operator (2) PEPCO Holdings, Inc.	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address: 5100 Harding Highway	
		City, State, Zip Code Mays Landing, NJ 08330	
		Name of Contact Michael Crostic	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Roadstown Substation		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 165 Marlboro Road		Sq. Feet 120 # of Floors 1	
City (5) Shiloh	County (6) Cumberland	County Code (7) (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) Substation
Name of Monitoring Firm Hired by Bldg. Owner (8) 1 Source Safety and Health, Inc.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 140 South Village Ave., Ste. 130		Street Address 404 N. Berry Street	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm Dan Bruun	Telephone Number 610-524-5525	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 12/19/2011	Scheduled Completion Date (11) 12/22/2011	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Vacant Bldg. To Be Demolished Substation Other - Describe		City, State, Zip Code Westmont, NJ 08108	
Source of Work (Check all that apply)			
(X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Walls/Roof		Transite Panels	600 SF
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 5
City, State New Castle, DE		Disp. Date 12/22/11	Name of Reg. Landfill Minerva Landfill
City, State Waynesburg, OH			
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature <i>Mark Griffin</i>	Date 12/05/2011

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

X. Description of Planned Demolition or Renovation Work and Methods to be Used: panels intact, wetting material, double wrap in 6mil poly.

Removal of 2 SF of transite
DEC - 6 2011

ASBESTOS CONTROL &
LICENSING

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

XII. Waste Transporter#1 Service Transport Group

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Randy Bridges

Telephone 302-778-5930

Waste Transporter#2

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 9000 Minerva Road

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact:

Telephone: 330-866-3435

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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

Mark Briffen

(Signature of Owner/Operator)

(Date) 12/05/11

XVIII. I Certify that the Above Information is Correct

Mark Briffen

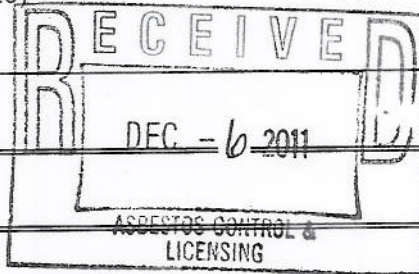
(Signature of Owner/Operator)

(Date) 12/05/11

4049

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

D&S Proj. #: MS 11-486



Date of Notification (1) 12/10/11		Name of Building Owner/Operator (2) DOLORES MCALINDEN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 2035 45TH STREET	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code NORTH BERGEN, NJ	
		Name of Contact DOLORES MCALINDEN	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DOLORES MCALINDEN			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 2035 45TH STREET			Square Feet		
City (5) NORTH BERGEN			County (6) HUDSON		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 12/13/11		Sched. Completion Date (11) 12/23/11	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

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

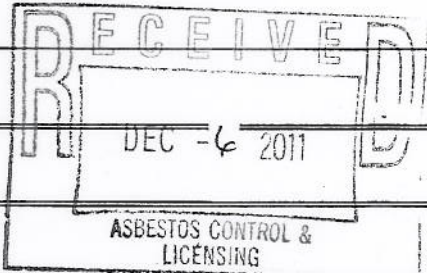
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	112 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/14/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/02/11

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

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

Date of Notification (1) 12/10/11		Name of Building Owner/Operator (2) SUZANNE KUAHM	
Agencies Notified	Type Notification	Street Address 20 RIVERDALE ROAD	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code POMPTON LAKES, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SUZANNE KUAHM	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		



FACILITY INFORMATION

Name of facility where abatement is taking place (3) SUZANNE KUAHM			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 20 RIVERDALE ROAD			Square Feet		
City (5) POMPTON LAKES			County (6) PASSAIC		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 12/14/11		Sched. Completion Date (11) 12/23/11	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

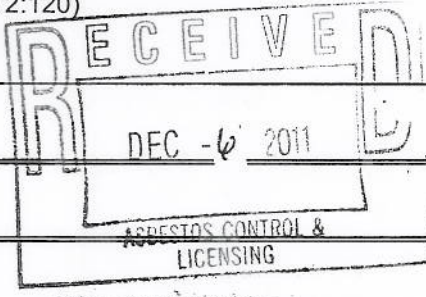
Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Glovebag procedure					
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	3 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES & FITTINGS	88 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/15/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/02/11

4050

D&S Proj. #: MS 11-487

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



Date of Notification (1) 12/1/10 2/1/11		Name of Building Owner/Operator (2) JODI MOSKOWITZ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 3 ST. LAWRENCE AVENUE		City, State, Zip Code MAPLEWOOD, NJ	
Name of Contact JODI MOSKOWITZ		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JODI MOSKOWITZ			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 3 ST. LAWRENCE AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 12/12/11	Sched. Completion Date (11) 12/19/11			
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: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	50 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	80 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/23/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/02/11

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

DOL - 10 DAY

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 12/10/11		Name of Building Owner/Operator (2) STEPHEN FARRELLY		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED WAIVER APPROVED DEC - 6 2011 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 245 WATER STREET		
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code BELVIDERE, NJ		
		Name of Contact DON DAHMS		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STEPHEN FARRELLY			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 245 WATER STREET			Square Feet	# of Floors
City (5) BELVIDERE	County (6) WARREN	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)	
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code			Street Address 20 California Ave.	
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503	
Phone Number			Telephone Number 973-345-8020	License Number 00159
Start Date (10) 12/05/11	Sched. Completion Date (11) 12/09/11		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-filable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥180 sf or ≥280 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	250 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13306	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/06/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/01/11

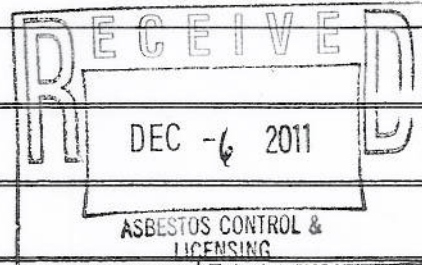
ASB-41

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

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

D&S Proj. #: MS 11-485

Date of Notification (1) <u>1</u> / <u>2</u> / <u>10</u> <u>1</u> / <u>1</u> / <u>1</u>		Name of Building Owner/Operator (2) <u>STEPHEN FARRELLY</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>245 WATER STREET</u>	
		City, State, Zip Code <u>BELVIDERE, NJ</u>	
		Name of Contact <u>DON DAHMS</u>	Telephone Number



FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>STEPHEN FARRELLY</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>245 WATER STREET</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>BELVIDERE</u>	County (6) <u>WARREN</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>STEPHEN FARRELLY</u>		ASCM No.	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>	
Street Address <u>245 WATER STREET</u>			Street Address <u>20 California Ave.</u>	
City, State, Zip Code <u>BELVIDERE, NJ 07814</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>	
Project Manager for Monitoring Firm	Phone Number		Telephone Number <u>973-345-8020</u>	License Number <u>00159</u>
Start Date (10) <u>12/05/11</u>	Sched. Completion Date (11) <u>12/09/11</u>		Name of OSHA Monitor <u>D & S Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			Street Address <u>20 California Avenue</u>	
			City, State, Zip Code <u>Paterson, NJ 07503</u>	

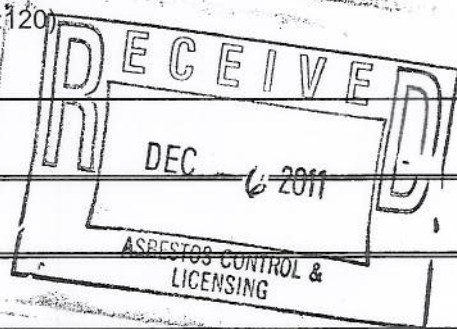
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	250 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>3 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>12/06/11</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>12/01/11</u>

4055

D&S Proj. #: MS 11-489

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



Date of Notification (1) 11/21/10		Name of Building Owner/Operator (2) LINDA LLOYD JONES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 11 MELMA TERRACE		City, State, Zip Code MAPLEWOOD, NJ 07040	
Name of Contact LINDA LLOYD JONES		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LINDA LLOYD JONES			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 11 MELMA TERRACE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 12/05/11		Sched. Completion Date (11) 12/09/11	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

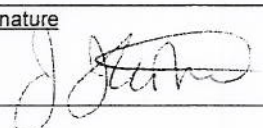
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/06/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/02/11

No
Check

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

<u>Date of Notification (1)</u> 1 DECEMBER 2011		<u>Name of Building Owner/Operator (2)</u> NUSTAR ASPHALT REFINING, LLC					
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification () Amended Certification (X) Cancelled	<u>Street Address</u> PAULSBORO REFINERY, 4 PARADISE ROAD					
		<u>City, State, Zip Code</u> PAULSBORO, NJ 08066					
		<u>Name of Contact</u> GILBERTO DIAZ	<u>Tel. Number</u> ASBESTOS CONTROL & REMEDIATION				
FACILITY INFORMATION							
<u>Name of Facility Where Abatement is Taking Place (3)</u> NUSTAR ASPHALT REFINING, LLC - PAULSBORO		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet <u>N/A</u> # of Floors <u>N/A</u>					
<u>Street Address</u> 4 PARADISE ROAD		<u>Bldg. Age</u> ~50 YEARS <u>Current Use (prior if being demolished)</u> TANKS					
<u>City (5)</u> PAULSBORO	<u>County (6)</u> GLOUCESTER	<u>County Code (7)</u> (State Use Only)					
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> N/A		<u>ASCM No.</u> N/A	<u>Name of Contractor (9)</u> BRANDENBURG INDUSTRIAL SERVICE COMPANY				
<u>Street Address</u> N/A		<u>Street Address</u> 2217 SPILLMAN DRIVE					
<u>City, State, Zip Code</u> N/A		<u>City, State, Zip Code</u> BETHLEHEM, PA 18015					
<u>Project Manager for Monitoring Firm</u> N/A	<u>Telephone Number</u> N/A	<u>Telephone Number</u> (610) 691-1800	<u>License Number</u> 00721				
<u>Scheduled Start Date (10)</u> 5 DECEMBER 2011	<u>Scheduled Completion Date (11)</u> 23 DECEMBER 2011	<u>Name of OSHA Monitor</u> N/A					
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Describe - DEMOLITION OF ABANDONED TANKS AND PIPING () Other - Describe - WORK HOURS, MON-FRI, 07:00 - 15:30		<u>Street Address</u> N/A <u>City, State, Zip Code</u> N/A					
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure							
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO N/A	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				Rem.	Rep.	Encap	Enclose
NONE							
<u>Name of Reg. Waste Hauler</u> N/A		<u>NJDEP Waste Hauler ID #</u> N/A	<u>Cubic Yards of Waste</u> N/A	<u>Name of Reg. Landfill</u> N/A			
<u>City, State</u> N/A		<u>Disp. Date</u> N/A		<u>City, State</u> N/A			
<u>Completed by (Print or Type)</u> Jennifer Strobel		<u>Title</u> Contract Administrator	<u>Signature</u> 	<u>Date</u> 1 DECEMBER 2011			

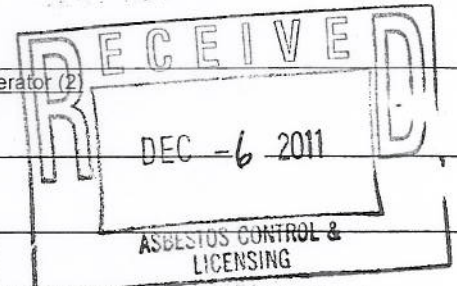
Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414


Telephone 609-984-6620

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9/18/00

No check

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



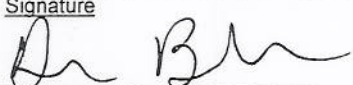
Date of Notification (1) 11/10/2011		Name of Building Owner/Operator (2) Hercules	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (x) Amended Notification Amendment # <u>2</u> () Emergency (including justification) () Cancellation	Street Address 500 Hercules Road City, State, Zip Code Wilmington, DE, 19808	
		Name of Contact Joe Keller	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hercules Former Facility		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 145 oakdale road		Sq. Feet <u>6000</u> # of Floors <u>3</u>	
City (5) CHESTER	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm EHS INC		ASCM No.	
Street Address 9 MAIN STREET		Name of Contractor (9) Alliance Environmental Systems	
City, State, Zip Code MULLICA HILL, NJ		Street Address 550 East Union Street	
Project Manager for Monitoring Firm JACK CARNEY		Telephone Number 8562230080	License Number 00508
Scheduled Start Date (10) 12/5/2011		Scheduled Completion Date (11) 12/16/2011	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Name of OSHA Monitor EHS, INC	
Describe Other -		Street Address 9 MAIN STREET	
		City, State, Zip Code MULLICA HILL, NJ	
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
ROOF PORCH FAB		Roofing	705Sf
1 ST FLOOR PORCH FAB		Vat & mastic	705sf
1 ST FLOOR FAB CONNECTOR		PIPE INSULATION	85LF
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 10
City, State Hazleton, PA		Disp. Date TBD	Name of Reg. Landfill BFI Imperial
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature 
		Date 12/2/2011	

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

Telephone 609-984-6620

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9/18/00

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


<u>Date of Notification (1)</u> <p align="center">11/10/2011</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">Hercules</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> () Initial Notification (x) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		<u>Street Address</u> <p align="center">500 Hercules Road</p> <u>City, State, Zip Code</u> <p align="center">Wilmington, DE, 19808</p>	
				<u>Name of Contact</u> <p align="center">Joe Keller</p>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p align="center">Hercules Former Facility</p>			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p align="center">145 oakdale road</p>			<u>Sq. Feet</u> 6000 <u># of Floors</u> 3		
<u>City (5)</u> <p align="center">CHESTER</p>	<u>County (6)</u> <p align="center">MORRIS</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RESIDENCES		
<u>Name of Monitoring Firm</u> <p align="center">EHS INC</p>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> <p align="center">Alliance Environmental Systems</p>	
<u>Street Address</u> <p align="center">9 MAIN STREET</p>			<u>Street Address</u> <p align="center">550 East Union Street</p>		
<u>City, State, Zip Code</u> <p align="center">MULLICA HILL, NJ</p>			<u>City State, ZipCode</u> <p align="center">West Chester, PA 19382</p>		
<u>Project Manager for Monitoring Firm</u> <p align="center">JACK CARNEY</p>		<u>Telephone Number</u> <p align="center">8562230080</p>		<u>Telephone Number</u> <p align="center">610-701-9000</p>	<u>License Number</u> <p align="center">00508</p>
<u>Scheduled Start Date (10)</u> <p align="center">12/5/2011</p>		<u>Scheduled Completion Date (11)</u> <p align="center">1/27/2012</p>		<u>Name of OSHA Monitor</u> <p align="center">EHS, INC</p>	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			<u>Street Address</u> <p align="center">9 MAIN STREET</p>		
Describe _____ Other -			<u>City, State, Zip Code</u> <p align="center">MULLICA HILL, NJ</p>		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
ROOF		X	Roofing	57185sf	X
1 ST FLOOR		X	Vat & mastic	39855sf	X
1 ST FLOOR		X	TRANSITE	60SF	X
		X	WINDOW CAULK	8lf	X
		X	Duct tar paper	845SF	X
1 ST FLOOR		X	JUMPER WIRE	600LF	X
		X	PIPE INSULATION	1435LF	X
		X	SEAM TAR	40LF	X
<u>Name of Reg. Waste Hauler</u> <p align="center">N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p align="center">17235</p>		<u>Cubic Yards of Waste</u> <p align="center">Approx. 100</p>	
<u>City, State</u> <p align="center">Hazleton, PA</p>		<u>Disp. Date</u> <p align="center">TBD</p>		<u>Name of Reg. Landfill</u> <p align="center">BFI Imperial</p>	
<u>Completed by (Print or Type)</u> <p align="center">DEVIN BLOM</p>		<u>Title</u> <p align="center">Estimator</p>		<u>Signature</u> 	
				<u>Date</u> <p align="center">11/22/2011</p>	

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

Telephone 609-984-6620

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9/18/00

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

<u>Date of Notification (1)</u> 11/10/2011			<u>Name of Building Owner/Operator (2)</u> Hercules		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> 500 Hercules Road	
				<u>City, State, Zip Code</u> Wilmington, DE, 19808	
		<u>Name of Contact</u> Joe Keller		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Hercules Former Facility			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 145 oakdale road			<u>Sq. Feet</u> 6000 <u># of Floors</u> 3		
<u>City (5)</u> CHESTER	<u>County (6)</u> MORRIS	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RESIDENCES		
<u>Name of Monitoring Firm</u> EHS INC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems		
<u>Street Address</u> 9 MAIN STREET		<u>Street Address</u> 550 East Union Street			
<u>City, State, Zip Code</u> MULLICA HILL, NJ		<u>City, State, Zip Code</u> West Chester, PA 19382			
<u>Project Manager for Monitoring Firm</u> JACK CARNEY		<u>Telephone Number</u> 8562230080	<u>Telephone Number</u> 610-701-9000		<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 11/28/2011		<u>Scheduled Completion Date (11)</u> 1/27/2012		<u>Name of OSHA Monitor</u> EHS, INC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			<u>Street Address</u> 9 MAIN STREET		
			<u>City, State, Zip Code</u> MULLICA HILL, NJ		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
ROOF		X Roofing	57185sf	X	
1 ST FLOOR		X Vat & mastic	39855sf	X	
1 ST FLOOR		X TRANSITE	60SF	X	
		X WINDOW CAULK	8lf	X	
		X Duct tar paper	845SF	X	
1 ST FLOOR		X JUMPER WIRE	600LF	X	
		X PIPE INSULATION	1435LF	X	
		X SEAM TAR	40LF	X	
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100		<u>Name of Reg. Landfill</u> BFI Imperial
<u>City, State</u> Hazeltown, PA		<u>Disp. Date</u> TBD		<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> DEVIN BLOM		<u>Title</u> Estimator	<u>Signature</u> 		<u>Date</u> 11/10/2011

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

Telephone 609-984-6620

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9/18/00

Amended Due to owners delay
completion date change

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-80 and 12-129)

3208

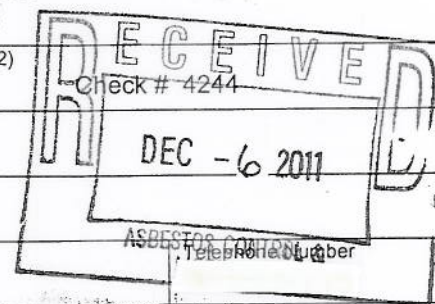
Date of Notification (1) 12-2-11		Name of Building Owner/Operator (2) PALMANN PULVERIZER								
Agencies Notified	Type Notification	Street Address 820 BLOOMFIELD AVENUE - 6 2011								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON, NJ 07012								
		Name of Contact W. MORRISON								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PALMANN PULVERIZER		Type of Facility (4)								
Street Address 820 BLOOMFIELD AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)								
City (5) CLIFTON		Square Feet 9500	# of Floors 2							
County (6) PASSAIC		Bldg. Age 65 YRS								
County Code (7) (STATE USE ONLY)		Current Use (Describe if has been remodeled) VACANT OFFICE/STORAGE								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)							
Street Address		Best Removal Inc								
City, State, Zip Code		450 South River St								
Project Manager for Monitoring Firm		Telephone No.	Telephone No.							
			License No.							
Start Date (10) 12-1-2011		Scheduled Completion Date (11) 12-16-11	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler St								
<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: 7 AM 5 PM		City, State, Zip Code South Hackensack, N.J. 07606								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	enclosure	
OFFICE/STORAGE GROUND LEVEL				VAT	1450 SF	X				
BUILDING 3 GROUND LEVEL				VAT	350 SF	X				
Name of Registered Waste Hauler DJM Transport, Inc		NJ DEP Waste Hauler ID No. 22393	Cubic Yards of Waste 3405	Name of Registered Landfill Cumberland County Landf						
City, State South Kearny N.J. 07032		Disposal Date 12-16-2011		City, State Newburgh PA, 17242						
Completed by R. VELDRAM		Title Estimator		Signature R. Veldram				Date 12-2-11		

original

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

Date of Notification (1) 11-21-2011		Name of Building Owner/Operator (2) PALLMANN PULVERIZER							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	820 BLOOMFIELD AVENUE City, State, Zip Code CLIFTON, NJ 07012 Name of Contact W. MORRISON							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PALLMANN PULVERIZER		Type of Facility (4)							
Street Address 820 BLOOMFIELD AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) CLIFTON		Square Feet 9500	# of Floors 2						
County (6) PASSAIC		Bldg. Age 65YRS							
County Code (7) (STATE USE ONLY)		Current Use (Enter if being demolished) VACANT OFFICE/STORAGE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Best Removal Inc						
City, State, Zip Code		Street Address							
		450 South River St							
Project Manager for Monitoring Firm		City, State, Zip Code							
		Hackensack, N.J. 07601							
Telephone No.		Telephone No.	License No.						
		201-329-7444	00388						
Start Date (10) 12-1-2011	Scheduled Completion Date (11) 12-3-2011	Name of OSHA Monitor Omega Environmental Services							
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: 7 AM 5 PM		280 Huyler St							
		City, State, Zip Code							
		South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OFFICE/STORAGE GROUND LEVEL				VAT	1450 SF	X			
BUILDING 3 GROUND LEVEL				VAT	350 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 3 YDS	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032				Disposal Date 12-3-2011	City, State Newburgh PA, 17242				
Completed by R. Veldran		Title Estimator	Signature R. Veldran			Date 11-21-2011			

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



Date of Notification (1) December 2, 2011		Name of Building Owner/Operator (2) Louis Eni							
Agencies Notified	Type Notification	Street Address 32 Cove Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Moorestown, NJ 08057							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Louis Eni							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Barn		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 14 Branin Road		Square Feet 10,000	# of Floors 1						
City (5) Medford		Bldg. Age 80							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Barn							
Name of Monitoring Firm Hired by Building Owner (8) National Monitoring Labs		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 811 Church Road		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Cherry Hill, NJ 08002		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Ronen Bakshi		Telephone No. 856-663-9077	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) December 17, 2011	Scheduled Completion Date (11) December 31, 2011	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant-building ready to collapse		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Barn			xxx	Transite Ceiling Material	10,000 SF	xxx			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature <i>William J. Lynch</i>				Date Dec. 02, 2011		

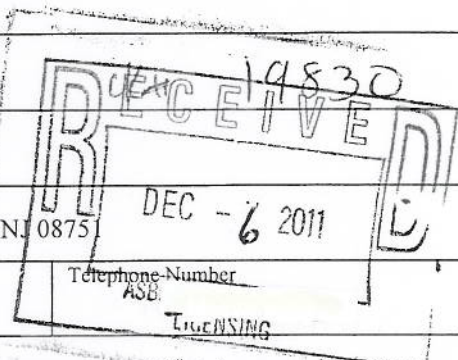
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CK# 3339

Date of Notification (1) 12-2-2011		Name of Building Owner/Operator (2) City of East Orange							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	199 North Park Street	East Orange, NJ 07017						
		Name of Contact	Telephone Number						
		Joe							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) House for Demo		<p align="center">ASBESTOS CONTROL & ABATEMENT</p>							
Street Address 199 North Park Street		Type of Facility (4)							
City (5) East Orange, NJ 07017		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) House for Demo						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 12-3-2011		Scheduled Completion Date (11) 12-12-2011	License No. 01088						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Jadar Contracting, LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 9am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
* See attached work procedures									
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
Entire House			X	To be disposed of as asbestos	TBD	X			
Name of Registered Waste Hauler Yannuzzi & Sons, Inc.		NJDEP Waste Hauler ID No. 17497	Cubic Yards of Waste TBD	Name of Registered Landfill IESI					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Lillie Lazarevich		Title Secretary		Signature Lillie Lazarevich		Date 12-2-2011			

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

Date of Notification (1) December 1, 2011		Name of Building Owner/Operator (2) RJB Associates	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	500 Boardwalk	Seaside Heights, NJ 08751
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Robert Bennett	ASB LICENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building			Type of Facility (4)		
Street Address 2716 Rte. 37 E			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Toms River			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 3000 sf	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 12/16/11		Scheduled Completion Date (11) 12/23/11		Name of OSHA Monitor	
				E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<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 NonFriable Procedure					
<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					

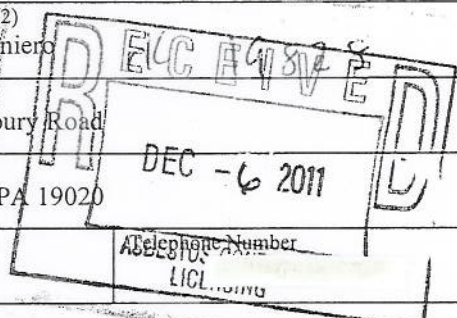
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos roofing	3000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 20	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/26/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/1/2011

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

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

Date of Notification (1) December 1, 2011		Name of Building Owner/Operator (2) Roberta Veniero	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	3611 Cranbury Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Bensalem, PA 19020	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Roberta Veniero	610-281-1111



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 8 Virginia Drive			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Manahawkin			County (6) Ocean		
County Code (7) (STATE USE ONLY)			Square feet 1200 sf		
			# of Floors 1		
			Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/14/11		Scheduled Completion Date (11) 12/15/11	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Piscataway, New Jersey 08854		
<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"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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					

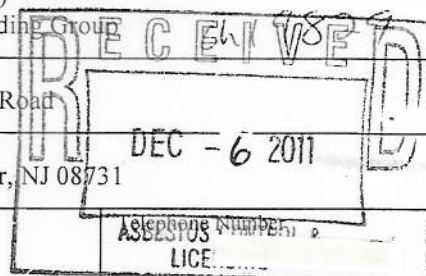
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/16/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/1/2011

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

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

Date of Notification (1) December 1, 2011		Name of Building Owner/Operator (2) Bacorp Building Group	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 1044 Lacey Road City, State, Zip Code Forked River, NJ 08731	
		Name of Contact Alan	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 4 Drake Way					
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# of Floors 1	Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 12/15/11	Scheduled Completion Date (11) 12/16/11		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		
[] Renovation [x] Demolition					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
						M	P	C	N
						O	A	A	C
						V	I	P	L
						A		S	O
						L		U	S
								E	R
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/19/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 12/1/11

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

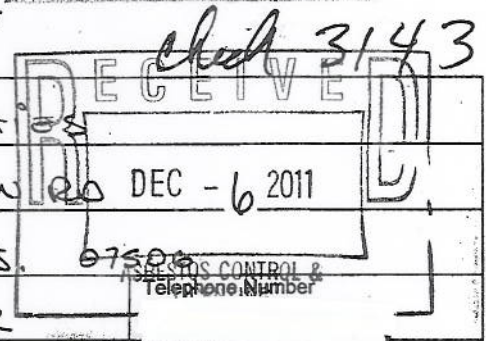
Completion date
Amended - due to owners delay building support
No check

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

Date of Notification (1) 12-2-11		Name of Building Owner/Operator (2) TJM Properties							
Agencies Notified	Type Notification	Street Address	DEC - 6 2011						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	85 WAGARAW RD							
		City, State, Zip Code	07506						
		Name of Contact	Telephone Number						
		HAUTHORNE - N.J.							
		MR ED SCHLAFER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TJM PROPERTIES		Type of Facility (4)							
Street Address 85 WAGARAW RD		<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) HAUTHORNE	Square Feet 25000	# of Floors 1	Bldg. Age 110 years						
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WHSE							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 0012	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 300 GRAND AVE		Street Address 450 South River St							
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm MR. S. JARZEWSKI		Telephone No. 201 569 6708	License No. 00388						
Start Date (10) 11/3/11	Scheduled Completion Date (11) 2-13-12	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler St							
<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: AM TO 5PM		City, State, Zip Code South Hackensack, N.J. 07606							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF/SIDING				ROOFING/SIDING	8000 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 60 CY	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 2-13-11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 12-2-11			

Original

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



Date of Notification (1) 10/17/11		Name of Building Owner/Operator (2) TJM Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 WAGARAW RD City, State, Zip Code HAUWTHORNE, NJ 07508 Name of Contact MR ED SCHLAFER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TJM PROPERTIES		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 85 WAGARAW RD		Square Feet 25000	# of Floors 1						
City (5) HAUWTHORNE		Bldg. Age 110 years							
County (6) PASSEIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WHSE							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 0012	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 300 GRAND AVE		Street Address 450 South River St							
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm MR. S. JARZEWSKI		Telephone No. 201-569-6708	License No. 00388						
Start Date (10) 11/3/11	Scheduled Completion Date (11) 12/4/11								
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 <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Name of OSHA Monitor Omega Environmental Services							
		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF/SIDING				ROOFING/SIDING	8000 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 60 CY	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 12/4/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator	Signature <i>J. Maiorano</i>			Date 10/17/11			

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

MO#19129301515

Date of Notification (1)

12/02/2011

Name of Building Owner/Operator (2)

Assme Kalifa

Street Address

94 W 46 St.

City, State, Zip Code

Bayonne, NJ 07002

Name of Contact

Assme Kalifa

Telephone Number

Agency Notified

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

☐ Amendment #

☐ Emergency (including justification)

☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

94 W 46 St.

City (5)

Bayonne, NJ 07002

County (6)

Hudson

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

12/11/2011

12/12/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf

☐ ≥160 sf or >260 lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☐ Glovebag Procedure

☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Basement			x	Round 8" duct paper insulation	60 LF	x		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N.Jevtic

Owner

12/02/2011

ASB-41

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



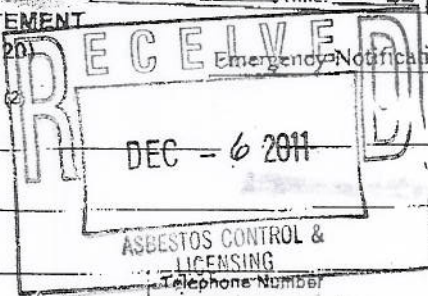
NJ Dept. of Health & Senior Services

Date: 12/2/11 Time: 7:05

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

MO#19129301504

Date of Notification (1) 12/02/2011		Name of Building Owner/Operator (2) Jacob Raab	
Agency Notified	Type Notification	Street Address 19 Laurel Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mark McManus	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 19 Laurel Avenue		Square Feet	# of Floors
City (5) Summit, NJ 07901		Bldg. Age	
County (6) Union		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 12/03/2011		Scheduled Completion Date (11) 12/04/2011		License No. 01127	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor Envirovision Consultants, Inc.	
				Street Address 20-21 Wagaraw Road, Bldg. # 34A	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> 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
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Basement			X	Pipe insulation	190 LF	X		

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc.	
City, State Wayne, NJ 07470		Disposal Date		City, State Tullytown, PA	
Completed by N. Jevtic	Title Owner	Signature <i>Mark McManus</i>		Date 12/02/2011	

ASB-41

Do not use this form for asbestos licensure exempted activities.

FAX : 0. :9736535107

RECEIVED
DEC 6 2011
DOE = 10 DAY
TREATMENT
(1:120)

623-11

* Do not use this form for asbestos licensing exempted activities