

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

RECEIVED #4509
2012 DEC -7 PM 12:30

Date of Notification (1) 12-3-2012		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 South Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 98B		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 Brandywyne East Court		Square Feet	# of Floors Bldg. Age 50+						
City (5) Brielle, NJ		Current Use (Prior if being demolished) Apartment Unit							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) Jadar Contracting, LLC							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Street Address 22 Troy Lane						
Street Address n/a		City, State, Zip Code Lincoln Park, NJ 07035							
City, State, Zip Code n/a		Telephone No. 973-706-7950	License No. 01088						
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Name of OSHA Monitor Jadar Contracting, LLC						
Start Date (10) 12-18-2012	Scheduled Completion Date (11) 12-20-2012	Street Address 22 Troy Lane							
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: 9am - 5 pm		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Floor			X	VAT	450 SF	X			
Bathroom			X	VAT	50 SF	X			
Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 12-3-2012					

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

Check #7041

Date of Notification (1) December 3, 2012		Name of Building Owner / Operator (2) Felicia Festa	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification EMERGENCY <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #____ <input type="checkbox"/> Cancellation	Street Address 8 Highview Terrace City, State & Zip Code Bloomfield, NJ 07003 Name of Contact Felicia Festa	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 418-420 Main Street City (5) Little Falls County (6) Passaic		County Code (7) USE ONLY	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)
		Square Feet 2,000	# of Floors 1
		Bldg. Age 40	
		Current Use (Prior if being demolished) Commercial (prior)	
Name of Monitoring Firm Hired by Building Owner (8) Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc. Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087
Project Manager for Monitoring Firm Todd Nugent	Telephone Number 609-488-0247	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) December 4, 2012	Scheduled Completion Date (11) December 14, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	80 LF	X			
Exterior of Structure			X	Shingle Siding	1,800 SF	X			
Roof			X	Tar Patch	60 SF	X			
Living Room			X	Textured Drywall	400 SF	X			

Name of Registered Waste Hauler Synatech, Inc. City, State Little Egg Harbor, NJ 08087	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 7	Name of Registered Landfill Grows Landfill City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date December 3, 2012

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

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


CK6170

Date of Notice 12/3/12

RECEIVED
2012 DEC -7 PM 12:29

Type Notification		Name of Building Owner / Operator Royal Wave Development, Inc.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 9 Grosvenor Road		
	City, State & Zip Code Short Hills, NJ 07078			
	Name of Contact Richard Romano		Telephone Number	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Vacant Apartment Bldg		Type of Facility (4) School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
23 Ridgedale Ave				
City (5) Madison	County (6) Morris	County Code (7)	Square Feet 10,000	# of Floors 3 Bldg. Age 60
			Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 12/13/12	Scheduled Completion Date (11) 12/14/12	Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable </div> <div style="width: 50%;"></div> </div>				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI	246 LF	Removal
Basement	N/A	Flue caulking	6 sf	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 12/14/12	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 12/3/12

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

Date of Notification (1) December 4, 2012		Name of Building Owner/Operator (2) B. Blair Corporation		Check # 5511					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		95 Louise Drive					
				City, State, Zip Code Ivyland, PA 18974					
				Name of Contact Bob McNeill					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hamilton Rent a Car				Type of Facility (4)					
Street Address 350 South Broad Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Trenton		Square Feet 18000		# of Floors 3	Bldg. Age 75				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Retail Space					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address				Street Address 623 Cutler Ave					
City, State, Zip Code				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) December 17, 2012		Scheduled Completion Date (11) December 23, 2012		Name of OSHA Monitor EMSL					
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: Work to be done outside				200 Rt. 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside Building			XXX	Asbestos Roofing	1000 SF	XXX			
Name of Registered Waste Hauler Jack Robinson Waste		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill				
City, State Bellmawr, NJ				Disposal Date 12-23-2012	City, State Tullytown, PA.				
Completed by William Lynch		Title Owner		Signature 		Date Dec. 4, 2012			

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

Check # 7042

Date of Notification (1) December 4, 2012		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	322 High Street City, State & Zip Code Burlington, NJ 08016 Name of Contact Dino Nappi	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4)	
Street Address 322 High Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) Burlington		Square Feet 12,000	# of Floors 2 + basement
County (6) Burlington		Bldg. Age 112	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address One Mall Drive, Suite 404		Street Address 829 Radio Road	
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) December 15, 2012	Scheduled Completion Date (11) December 23, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- ☐ ≥3 sf or ≥ 50 lf
☒ ≥160 sf or ≥260 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teller Line; 1st & 2nd Floor Stairwell Landing			X	Floor Tile	1,400 SF	X			
Name of Registered Waste Hauler Synatech, Inc.									
NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 70		Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date December 26, 2012		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator		Signature <i>Diane F. Aloia</i>		Date December 3, 2012			

Check # 8030

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

Date of Notification (1) <i>11/28/12</i>		Name of Building Owner/Operator (2) <i>ST. JOSEPH'S REGIONAL MED. CENTER</i>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <i>703 MAIN STREET</i>						
	City, State, Zip Code <i>PATERSON NJ 07503</i>		Name of Contact <i>MARILYN EDWARDS</i>						
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <i>HOUSE / DEMO</i>		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 <i>123 BARCLAY ST.</i>		Square Feet <i>2000</i>	# of Floors <i>3</i>						
City (5) <i>PATERSON NJ</i>		Bldg. Age <i>60</i>							
County (6) <i>PASSAIC</i>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <i>APT / STORE / DEMO</i>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <i>A. Mac Contracting Inc.</i>						
Street Address		Street Address <i>105 Lowell Road</i>							
City, State, Zip Code		City, State, Zip Code <i>Glen Rock, N.J. 07452</i>							
Project Manager for Monitoring Firm		Telephone No. <i>201-262-5841</i>	License No. <i>00156</i>						
Start Date (10) <i>11/28/12</i>	Scheduled Completion Date (11) <i>11/29/12</i>	Name of OSHA Monitor <i>Omega Environmental Services Inc.</i>							
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 <i>280 Huyler Street</i>							
		City, State, Zip Code <i>Hackensack, NJ 07606</i>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <i>1500</i>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>ROOF</i>				<i>FLASING / CARCASS</i>		<i>X</i>			
Name of Registered Waste Hauler <i>Rovic Transport</i>		NJDEP Waste Hauler ID No. <i>20785</i>	Cubic Yards of Waste <i>2</i>	Name of Registered Landfill <i>IESI PA Bethlehem Landfill Corp.</i>					
City, State <i>Riverdale, New Jersey 07457</i>		Disposal Date <i>11/28/12</i>		City, State <i>Bethlehem, PA 18015</i>					
Completed by <i>R. McDonald</i>		Title <i>President</i>	Signature <i>[Signature]</i>			Date <i>11/28/12</i>			

CHECK #
2541

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

RECEIVED
2012 DEC -7 PM 12:27
NJ DEPT OF ENVIRONMENT & LICENSING

Date of Notification (1) <u>12/4/12</u>		Name of Building Owner/Operator (2) <u>MEN + MACHINES</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREEMONT AVE</u> City, State, Zip Code <u>WOODBINE, N.J. 08270</u> Name of Contact <u>LISA FISHER</u> Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>176 36TH ST.</u>		Square Feet <u>1000</u>	8 or Floors <u>2</u>
City (5) <u>AVALON</u>		Block Age <u>40+</u>	
County (6) <u>CANE MAY</u>		County Code (7) (STATE USE ONLY) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>12/17/12</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>12/24/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Street Address <u>369 S. SPRUCE AVE.</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Amount (Specify SF or LF)		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Removal		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Retention		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Encapsulation		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Enclosure		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
NJ DEP Waste Hauler ID No. <u>17904</u>		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
Cubic Yards of Waste <u>5</u>		City, State <u>WOODBINE, N.J.</u>	
Disposal Date		Signature <u>Joseph Klemm</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Date <u>12/4/12</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	

CHECK #
2542

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

RECEIVED

Date of Notification (1) <u>12/4/12</u>		Name of Building Owner/Operator (2) <u>BUDS EXCAVATING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>109 FULLING MILL ROAD</u>		City, State, Zip Code <u>WILDWOOD VILLAGES, NJ 08251</u>	
Name of Contact <u>BEA</u>		Telephone Number <u>856-779-0422</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>209 E. 1ST ST.</u>		Square Feet <u>1000</u>	
City (5) <u>NORTH WILDWOOD</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code <u>N/A</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>12/17/12</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>12/24/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted ("I") and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	
Description of Asbestos Containing Material (ACM), (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>2000 LB</u>	
Abatement Type Removal Repair Encapsulation Encasement <u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	
Name of Registered Landfill <u>C.M.C. M.U.A.</u>		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Disposal Date <u>12/4/12</u>	
Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>	

CHECK #
2539

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

RECEIVED

Date of Notification (1) <u>12/4/12</u>		Name of Building Owner/Operator (2) <u>ESSEX RECONSTRUCTION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, NJ 08230</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>297 W. ATLANTIC BLVD.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>	
County (6) <u>CAMDEN</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. _____		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>12/17/12</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>12/24/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 2310 SF or 2311 <input type="checkbox"/> 2160 SF or 2260 SF <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure			
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<u>TRANSITE</u>		<u>2500 #</u>	
Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Other <input type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17907</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	
Disposal Date _____		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Date <u>12/4/12</u>	
Title <u>OWNER</u>			

CHECK #
2540

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

RECEIVED

Date of Notification (1) <u>12/4/12</u>		Name of Building Owner/Operator (2) <u>EMERSON CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08052</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>610-823-2300</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>8910 1ST AVENUE</u>		Square Feet <u>1000</u>	
City (5) <u>STONE HARBOR</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		Bldg Age <u>40+</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		County Code (7) (STATE USE ONLY) <u>01</u>	
Street Address <u>N/A</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
City, State, Zip Code <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Project Manager for Monitoring Firm <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Telephone No. <u>N/A</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Sign Date (10) <u>12/17/12</u>		Scheduled Completion Date (11) <u>12/24/12</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Telephone No. <u>856-779-0422</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 sq ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		License No. <u>00444</u>	
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED IN FACILITY</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Street Address <u>369 S. SPRUCE AVE.</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Amount (Specify SF or LF) <u>1500</u>		Amount (Specify SF or LF) <u>1500</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u>12/4/12</u>	
Name of Registered Landfill <u>C.M.C.M.U.A.</u>		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>12/4/12</u>	

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

RECEIVED

Date of Notification (1) 11 / 26 / 12		Name of Building Owner/Operator (2) John and Suzanne Clarke							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 59th Street							
		City, State, Zip Code Sea Isle, NJ							
		Name of Contact John and Suzanne Clarke	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 26 59th Street		Square Feet 2200 Sq Ft	# of Floors 3 story						
City (5) Sea Isle		Bldg. Age 102 years							
County (6) Ocean	County Code (7)(STATE USE ONLY) _____	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Inter, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Graham-Tech Environmental Services, LLC						
Street Address 34E. Germantown Pike #204		Street Address 14 Read Drive							
City, State, Zip Code East Norriton, PA 19401		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Raymond J. Giordano		Telephone No. 1-610-277-0405	License No. 01158						
Start Date (10) 11 / 28 / 12	Scheduled Completion Date (11) 11 / 30 / 12	Name of OSHA Monitor Graham-Tech Environmental Service, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM / _____ PM- _____ AM		Street Address 14 Read Drive							
		City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	535 Sq Ft Floor Tile	535 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Serv, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste _____	Name of Registered Landfill Atlantic County Utilities					
City, State Egg Harbor, NJ		Disposal Date _____		City, State Egg Harbor					
Completed By (Print or Type) Vernice Graham		Title President		Signature <i>Vernice Graham</i>		Date 11-26-12			

CH 6124
2544

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

RECEIVED
DEC 7 PM 12:24

Date of Notification (1) <u>12/5/12</u>		Name of Building Owner/Operator (2) <u>GREENFIELD CONTRACTING</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, NJ 08230</u>			
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>908-230-8230</u>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>8910 1ST AVE.</u>		Square Foot <u>1000</u>			
City (5) <u>STONE HARBOR</u>		# of Floors <u>2</u>			
County (6) <u>CAMDEN</u>		Bldg Age <u>40+</u>			
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
Street Address <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>			
License No. <u>00444</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Start Date (10) <u>12/17/12</u>		Scheduled Completion Date (11) <u>12/24/12</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160 ft or 2260 ft <input checked="" 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 (1) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				Removal	Encapsulation
<u>SIPING</u>	<u>Y</u>	<u>TRANSITE</u>	<u>18000</u>	<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Waste Hauler D No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>		Date <u>12/5/12</u>
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>		Title <u>OWNER</u>	

Emergency

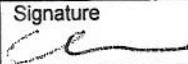
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

CK 2844

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2012 DEC -7 PM 12:24

ASBESTOS CONTAMINATION & 4/10/12

Date of Notification (1) 11/8/12		Name of Building Owner/Operator (2) Mark Watson / residence							
Agencies Notified	Type Notification	Street Address 150 Upland Way							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haddonfield NJ 08033							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mark							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)* Mark Watson / residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 Upland Way		Square Feet 1000 +	# of Floors 1						
City (5) Haddonfield NJ 08033		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/10/12	Scheduled Completion Date (11) 11/12/12	Name of OSHA Monitor same							
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: Home owner will be home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	duct insulation paper	100 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/12/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/8/12		

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

*Check # 6466
Emergency*

RECEIVED

Date of Notification (1) 12 / 3 / 12		Name of Building Owner/Operator (2) Mercer County Building and Grounds						
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 300 Scotch Road		City, State, Zip Code W. Trenton NJ. 08628						
Name of Contact Alan Lloyd		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Mercer County Administration Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 640 S. Broad St.		Square Feet 1,200	# of Floors 1					
City (5) Trenton		Bldg. Age 50						
County (6) Mercer County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Administration Building						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Luzon Inc.					
Street Address 550 Grove St.		Street Address 8451 Executive Ave.						
City, State, Zip Code Haddonfield NJ. 08035		City, State, Zip Code Philadelphia, Pa. 19153						
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505	License No. 01109					
Start Date (10) 12 / 5 / 12	Scheduled Completion Date (11) 12 / 6 / 12		Name of OSHA Monitor Joseph Maronski					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:00PM / ____ PM - ____ AM		Street Address 8451 Executive Avenue						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Philadelphia, Pa. 19153						
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 8 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10 CYS.	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE.		Disposal Date 9-12-12	City, State Waynesburg, OH					
Completed By (Print or Type) Piyush Patel		Title Program Manager	Signature <i>P. Patel</i>			Date 12/3/12		

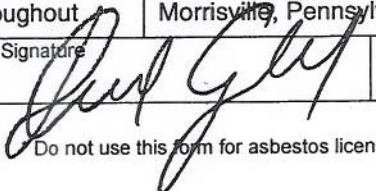
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 11-29-2012		Name of Building Owner/Operator (2) Karen J. Dominguez.						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 226 Hoyt St.						
		City, State, Zip Code Kearny NJ 07032.						
		Name of Contact Karen Dominguez						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 226 Hoyt St.		Square Feet 1513	# of Floors 2					
City (5) Kearny NJ. 07032		Bldg. Age 60+						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services.						
Street Address		Street Address 235 Virginia Ave.						
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304						
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 12-3-2012	Scheduled Completion Date (11) 12-3-2012	Name of OSHA Monitor Bioterra Solutions.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O.Box 1224						
		City, State, Zip Code Union NJ 07083						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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			
					Removal	Repair	Encapsulate	Enclosure
Basement		x	Pipe Insulation	80Lf	x			
Basement		x	Boiler Insulation	60Ssqf	x			
Name of Registered Waste Hauler Tri-state Transfer Associate		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprise.				
City, State Bronx -NY		Disposal Date 12-3-2012		City, State Wynesburg-Ohio.				
Completed by Tiffany Nunez		Title Office Manager	Signature		Date 11-28-2012.			

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

RECEIVED CK # 2258

Date of Notification (1) 11/30/12		Name of Building Owner/Operator (2) Morris County							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Court Street							
		City, State, Zip Code Morristown, NJ 07963							
		Name of Contact James Abline	Telephone Number 609						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris County Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Washington Street		Square Feet 50,000+	# of Floors 3						
City (5) Morristown		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 65 Jackson Drive		Street Address 163 Sargeant Avenue							
City, State, Zip Code Cranford, NJ 07016		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Kevin Burns		Telephone No. 908-497-8900	Telephone No. 973-689-6281						
License No. 01099									
Start Date (10) 12/10/12	Scheduled Completion Date (11) 02/10/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied Building		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground / 1st Floor		x		Ceiling Tile	7,800 SF	x			
		x		Spray-Applied Fireproofing	8,100 SF	x			
		x		Pipe Insulation	1,050 LF	x			
		x		Duct Insulation & 300 SF of VAT	2,550 SF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date Throughout		City, State Morristown, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 11/30/12			

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

RECEIVED

Date of Notification (1) 11/30/2012		Check#2330		Name of Building Owner/Operator (2) SANDVIK, INC		2012 DEC -7 PM 12:53			
Agencies Notified		Type Notification		Street Address 1702 Nevins Road		ASBESTOS CONTROL & LICENSING			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fair Lawn, New Jersey, 07410-0428		Telephone Number			
				Name of Contact Albert Mips					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sandvik, Inc				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 1702 Nevins Road				Square Feet 160,000		# of Floors 1			
City (5) Fair Lawn, NJ 07410-0428				Bldg. Age 50+					
County (6) BERGEN COUNTY				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Warehouse			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) EA Services Corporation			
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ					
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 201-295-1700			
						License No. 01074			
Start Date (10) 12/3/2012		Scheduled Completion Date (11) 12/21/2012		Name of OSHA Monitor EA Services Corporation					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 11:00 PM				Street Address same as above					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor		x		Pipe Insulation	880 LF	x			
Ground Floor		x		Elbows	123 LF	x			
Name of Registered Waste Hauler Freehold Carting				NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management	
City, State PO Box 5110				Disposal Date tbd		City, State Tullytown Landfill			
Completed by Gina Salvador				Title Office Manger		Signature <i>Gina Salvador</i>		Date 11/30/2012	

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

No check

Check # 8020

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

RECEIVED

Date of Notification (1) 11/14/12		Name of Building Owner/Operator (2) VOORHES TERMINAL PARTNERSHIP, LLC	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> OCH <input checked="" type="checkbox"/> ICA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment to Emergency Prohibitory Justification <input type="checkbox"/> Denial	Street Address 1250 STATE STREET City, State, Zip Code PERTH AMBOY, NJ 08861 Name of Contact APRIL MURRAY	
Name of Facility Where Abatement is Taking Place (3) VOORHES TERMINAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1250 STATE ST		Squaro Foot # of Floors Bldg Age	
City (5) PERTH AMBOY		County (6) MIDDLESEX	
County Code (7) STATE USE ONLY		Current Use (Prior to being demolished) OIL TANKS	
Name of Monitoring Firm Hired by Building Owner (8) BIRDALL SEEVERS GROUP INC		ASCM No.	
Street Address 65 JACKSON DRIVE		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code CHRYSLER, NJ 07014		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm FRANK BIRDA		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No. 908-492-5700		Telephone No. 201-262-5841	
Start Date (10) 11/15/12		Renewal/Completion Date (11) 11/15/12	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Abandoned During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Work to be done from 7 AM to 5 PM		Name of CDEMA Member Omega Environmental Services Inc	
Street Address 280 Haylor Street		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input type="checkbox"/> < 3 sq ft or < 18 ft <input checked="" type="checkbox"/> > 3 sq ft or > 18 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebox Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Fabric Procedure		REMEMBER - MAIL IN HARD COPY	
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) OUTSIDE UNDER STAIRS	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) PIPE	Amount (Specify SF or LF) 1000 LF
Name of Registered Waste Hauler NEWARK CARTING INC		NEEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30
City, State NEWARK NJ		Disposal Date 11/15/12	Name of Registered Landfill TULLYTOWN LANDFILL
City, State MORESVILLE, PA		Signature [Signature]	
Completed by R. McDonald		Title President	
Date 12/1/12		Date 12/1/12	

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO N.J.A.C. 17:27 AND 17:28)**

Check # **8020**

RECEIVED

Date of Notification (1) 11/14/12		Name of Building Owner/Operator (2) VOARR TERMINAL PARTN AMBOY, LLC					
Agencies Notified <input type="checkbox"/> FPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> ICA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1250 STATE STREET City/State/Zip Code PERTH AMBOY, NJ 08861 Name of Contact APRIL MURRAY Telephone Number 704					
Name of Facility Where Abatement is Taking Place (3) VOARR TERMINAL Street Address 1250 STATE ST City (3) PERTH AMBOY County (3) MIDDLESEX		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Superschool 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Foot # of Floors Bldg Age Current Use (Prior to being demolished) OIL TANKS					
Name of Monitoring Firm Hired by Building Owner (5) BIRDALL SETHURU GROUP INC Street Address 65 JACKSON DRIVE City/State/Zip Code CRAWFORD, NJ 07011 Project Manager for Monitoring Firm ITELIN BIRNBAUM Telephone No. 908-492-8700		Name of Abatement Contractor (6) A. Mac Contracting Inc. Street Address 105 Lowell Road City/State/Zip Code Glen Rock, N.J. 07452 Telephone No. 201-262-5841					
Start Date (10) 11/15/12 Emergency Completion Date (11) 11/1/12		Name of CDEMA Member Omega Environmental Services Inc Street Address 280 Haylor Street City/State/Zip Code Hackensack, NJ 07606					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: From 7:00 PM to 7:00 PM 7 days		REMEMBER - MAIL IN HARD COPY					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 2500 sq ft or less <input type="checkbox"/> 2500 sq ft or more <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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Fabric Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (12)	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	Percent	Repair
OUTSIDE UNDER GROUND			PIPE	1000 LF	X		
Name of Registered Waste Hauler NEWARK CARTING INC City/State NEWARK NJ		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20 Disposal Date 11/15/12	Name of Registered Landfill TULYTOWN LANDFILL City/State MORRISVILLE, PA			
Completed by R. McDonald Title President		Signature [Signature] Date 11/23/12					

CK
1194

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

RECEIVED

Date of Notification (1) November 28, 2012		Name of Building Owner/Operator (2) Princeton University	
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		Street Address PO Box 2158	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency Notification w/Justification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation		City, State, Zip Code Princeton NJ 08543	
		Name of Contact Robert Ortega	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hibben & Magie Apartment Complex		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 50 Faculty Road		Square Feet 160,000	# of Floors 8
		Bldg. Age 50	
City (5) Princeton	County (6) Mercer	County Code (7) (State Use Only)	Current Use (Prior if being demolished) Student Housing
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No.	Name of Abatement Contractor (9) LVI Demolition Services, Inc.
Street Address 3 Terri Lane Suite 4		Street Address 32 Williams Parkway	
City, State, Zip Code Burlington NJ		City, State, Zip Code East Hanover, NJ 07936	
Project Manager for Monitoring Firm Debbie Hines	Telephone Number 609-409-0400	Telephone Number 973-884-8682	License Number 00860
Scheduled Start Date (10) 10/1/2012 Month / Day / Year	Sched. Completion Date (11) 2/15/2013 Month / Day / Year	Name of OSHA Monitor Zibby Dolanski	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Occupied <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover NJ 07936	

Scope of Work (Check all that apply)

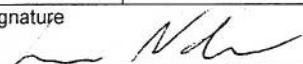
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure & "Wrap & Cut" <input checked="" type="checkbox"/> Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Building Exterior	X	Mastic	20,000 SF	X			
Throughout Structure	X	Pipe Insulation	2000 LF	X			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania			
City, State East Hanover, NJ 07936		Disposal Date 3/1/2012	City, State Morrisville, Pa				
Completed By (Print or Type) Ed King		Title President	Date November 28, 2012				

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

RECEIVED

2012 DEC -7 PM 12:50

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/29/12		Name of Building Owner/Operator (2) Archdiocese of Newark							
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07104							
		Name of Contact Sharon Ertz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Teresa's Memorial Hall		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 306 Morris Ave.		Square Feet 8000	# of Floors 1						
City (5) Summit		Bldg. Age 100+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406 7341	License No. 01107						
Start Date (10) 11/28/12	Scheduled Completion Date (11) 11/30/12	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington NJ 07057							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
boiler room			*	pipe insulation	15lf.	*			
storage rooms			*	pipe insulation	30lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State Newark NJ.		Disposal Date 11/30/12		City, State Morrisville PA.					
Completed by Leslaw Nalodka		Title President	Signature 			Date 11/29/12			

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

Date of Notification (1) 12-3-12		Name of Building Owner/Operator (2) Herb Addison	
Agencies Notified	Type Notification	Street Address 46 Sherman Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Herb Addison	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 2012 DEC -7 PM 12:00	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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 46 Sherman Ave			Square Feet 2600	# of Floors 3	Bldg. Age 105
City (5) Glen Ridge	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 12-13-12 Month Day Year	Sched. Completion Date (11) 12-14-12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

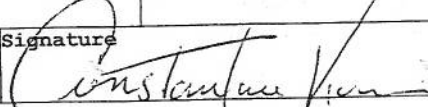
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-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			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
Basement			X	Pipe insulation	165 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12-15-12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/3/12		

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

Date of Notification (1) 12/4/12		Name of Building Owner/Operator (2) Alexis Schmid	
Agencies Notified	Type Notification	Street Address	RECEIVED 2012 DEC -7 PM 12:49 ASBESTOS CONTROL
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	213 Rivervale Rd. City, State, Zip Code Rivervale, NJ 07606	
		Name of Contact Alexis Schmid Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 153 Somerset 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) Norwood	County (6) Bergen	County Code (7) (STATE USE ONLY)	Square Feet 1600	# of Floors 1	Bldg. Age 56
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 12/14/12 Month Day Year	Sched. Completion Date (11) 12/17/12 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

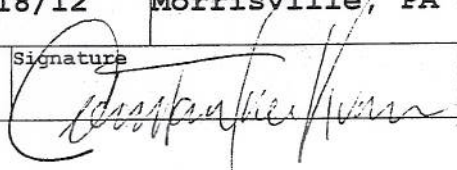
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

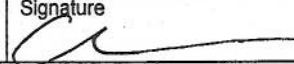
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/18/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 12/4/12	

* Emergency *

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

2575
 RECEIVED
 2012 DEC -7 PM 12:43

Date of Notification (1) 12/2/12		Name of Building Owner/Operator (2) Hoboken Housing Authority / Office Building							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Marshall Drive							
		City, State, Zip Code Hoboken NJ 07030							
		Name of Contact Tom	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken Housing Authority / Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 400 Marshall Drive		Square Feet 1000+	# of Floors 1+ Bldg. Age 35 +						
City (5) Hoboken NJ 07030		Current Use (Prior if being demolished)							
County (6) Hudson	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address Po Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/4/12	Scheduled Completion Date (11) 12/7/12	Name of OSHA Monitor Same							
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 City, State, Zip Code							
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) 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
Storage Area & File room			x	Floor Tile / Mastic	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/4/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/2/12		

* Emergency *

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

RECEIVED CK 2874

Date of Notification (1) 12/2/12		Name of Building Owner/Operator (2) Micke Harris / Residence							
Agencies Notified	Type Notification	Street Address 76 Lynn Ann							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mannahawkin NJ 08050							
		Name of Contact Micke	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Micke Harris / Residence		Type of Facility (4)							
Street Address 76 Lynn Ann		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mannahawkin NJ 08050		Square Feet 1000	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address Po Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
Start Date (10) 12/3/12		Scheduled Completion Date (11) 12/4/12	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/4/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 12/2/12		

OK
417.1
EMERGENCY
REQUEST FOR WAIVER

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

Date of Notification (1) 11-30-12		Name of Building Owner/Operator (2) P. CONCANNON					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	Street Address 422 PALISADE AVE City, State, Zip Code BOGOTA, NJ 07603 Name of Contact P. CONCANNON Telephone Number PA					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) P. CONCANNON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 422 PALISADE AVE		Square Feet 1900	# of Floors 2				
City (5) BOGOTA		Bldg. Age 66 YRS.					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 S. River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 12-1-12	Scheduled Completion Date (11) 12-2-12	Name of OSHA Monitor Omega Environmental Inc					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 sf or < 3 sf <input type="checkbox"/> > 160 sf or > 260 sf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted () and Non-Friction Procedure							
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY	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
BASEMENT			X THERMAL INSULATION	80 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 34 YD	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 12-2-12	City, State Waynesburg, Oh				
Completed by R. Valdran		Title Estimator	Signature R. Valdran		Date 11-30-12		

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PAGE 02/04

REMEMBER - MAIL IN HARD COPY

EMERG
WAIVER REQUESTState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

DOL - 10 DAY

Date of Notification (1) 12-3-12		Name of Building Owner/Operator (2) C. SORRENTINO		DEC - 3 2012		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> SDOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 514 KINGSLAND STREET		City, State, Zip Code NOTLEY, NJ 07110		
		Name of Contact S. OLIVO		Telephone Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) C. SORRENTINO			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 514 KINGSLAND STREET			Square Foot 1960	# of Floors 2	Est. Age 80 yrs	
City (5) NOTLEY			County Code (7) (STATE USE ONLY) ESSEX			
County (6) ESSEX			Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc			
Street Address			Street Address 450 S. River St			
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 12-7-12	Scheduled Completion Date (11) 12-8-12	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St				
		City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 of or > 3 ft <input type="checkbox"/> 100 of or > 200 ft		<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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance Or Industrial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
Basement		X THERMAL INSULATION	60 SF	X		
Basement		X THERMAL INSULATION	20 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 114 yd	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 12-8-12	City, State Waynesburg, Oh			
Completed by E. Veldran		Title Estimator	Signature R. Veldran	Date 12-3-12		

ASB-41

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

Check # 8032

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

RECEIVED

Date of Notification (1) 11/30/12		Name of Building Owner/Operator (2) CUMBERLAND FARMS		2012 DEC -7 PM 12:39	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 120 CARR AVE	
		City, State, Zip Code KEANSBURG NJ, 07033		ASBESTOS CONTROL DISENSING	
		Name of Contact PATRIC MCCARTY		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CUMBERLAND FARMS STORE			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 120 CARR AVE			Square Feet 2000	# of Floors 1	Bldg. Age 55
City (5) KEANSBURG			Current Use (Prior if being demolished) STORE		
County (6) MONMOUTH		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. 201-262-5841		License No. 00156	
Start Date (10) 12/1/12		Scheduled Completion Date (11) 12/5/12		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) MAIN STORE AREA	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) VAT / MAJOR	Amount (Specify SF or LF) 123054
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2	
City, State Riverdale, New Jersey 07457		Disposal Date 12/1/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		Signature [Signature] Date 11/30/12	

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

Check # 8032

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

RECEIVED

Date of Notification (1) <u>11/30/12</u>		Name of Building Owner/Operator (2) <u>CUMBERLAND FARMS</u> <u>2012 DEC -7 PM 12:59</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>116 BAY AVE</u> City, State, Zip Code <u>HIGHLANDS, NJ 07755</u> Name of Contact <u>PATRICK MCCARTY</u> Telephone Number <u>201-262-5841</u>						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) <u>CUMBERLAND FARMS STORE</u> Street Address <u>116 BAY AVE</u> City (5) <u>HIGHLANDS</u> County (6) <u>MONMOUTH</u> County Code (7) (STATE USE ONLY) _____		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <u>2000</u> # of Floors <u>1</u> Bldg. Age <u>55</u> Current Use (Prior if being demolished) <u>STORE</u>						
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>						
Street Address _____		Street Address <u>105 Lowell Road</u>							
City, State, Zip Code _____		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. <u>201-262-5841</u> License No. <u>00156</u>						
Start Date (10) <u>12/1/12</u>		Scheduled Completion Date (11) <u>12/5/12</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u> Street Address <u>280 Huyler Street</u> City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>MAIN AREA STORE</u>			<input checked="" type="checkbox"/>	<u>VAT/MASTIC</u>	<u>1500 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>12/1/12</u>		City, State <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>11/30/12</u>			

Check #
7876

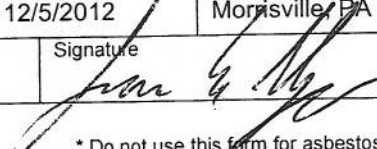
Print Form

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

RECEIVED

2012 DEC -7 PM 12:39

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 12/3/2012		Name of Building Owner/Operator (2) Mr. William Novy							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 528 Russell Avenue							
		City, State, Zip Code Wyckoff, NJ 07481							
		Name of Contact Mr. William Novy	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 528 Russell Avenue		Square Feet 2,800	# of Floors 2						
City (5) Wyckoff		Bldg. Age 60 +							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) December 4, 2012	Scheduled Completion Date (11) December 5, 2012	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	110 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 12/5/2012		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 				Date 12/3/2012	

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

Pg 1
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2012 DEC -7 PM 12:16
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 7 / 6 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 - 12/4/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr		City, State, Zip Code Princeton, NJ 08544					
		Name of Contact Robert Ortega		Telephone Number 1					
		<p align="center">FACILITY INFORMATION</p>							
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall				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 Washington Rd				Square Feet	# of Floors				
City (5) Princeton				Bldg. Age					
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 4 / 14 / 12		Scheduled Completion Date (11) 12 / 28 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	12,212 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,755 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	1,094 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	2,548 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE, DE				Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro /jl</i>		Date 12/4/12			

Pg 2

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

RECEIVED

Date of Notification (1) <u>7</u> / <u>6</u> / <u>12</u>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3-12/4/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 200 Elm Dr		City, State, Zip Code Princeton, NJ 08544							
Name of Contact Robert Ortega		Telephone Number 609-212-1616							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet # of Floors Bldg. Age							
City (5) Princeton		Current Use (Prior if being demolished)							
County (6) MERCER		County Code (7)(STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800							
Start Date (10) <u>4</u> / <u>14</u> / <u>12</u>		Scheduled Completion Date (11) <u>12</u> / <u>28</u> / <u>12</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM- <u> </u> AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
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"/> 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
Corridor intersection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	47 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside room # 107	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside room # J11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date <u>12/4/12</u>		

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

p1
ck# 2322
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2012 DEC -7 PM 12:16

Date of Notification (1) <div style="text-align: center;">7 / 6 / 12</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 - 7/6/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd									
City (5) Princeton		Square Feet	# of Floors						
County (6) MERCER		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) <i>See attached</i> 4 / 14 / 12	Scheduled Completion Date (11) 12 / 4 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B-Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	12,212 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,755 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	1,094 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	2,548 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 7/6/12			

P2

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

RECEIVED #2302

Date of Notification (1) 7 / 6 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-7/6/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortega	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 4 / 14 / 12	Scheduled Completion Date (11) 12 / 4 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____PM-____AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Corridor intersection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	47 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside room # 107	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside room # J11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date 7/6/12		

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">4 / 4 / 12</div>		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-4/24/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortega	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall		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 Washington Rd		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509
Start Date (10) <div style="text-align: center;">4 / 14 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 4 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
B-Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	12,212 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,755 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	1,094 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date 4/24/12	

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

RECEIVED

Date of Notification (1) 4 / 4 / 12		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 3276 <input checked="" type="checkbox"/> DHSS 3269 <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 200 Elm Dr					
				City, State, Zip Code Princeton, NJ 08544					
		Name of Contact Robert Ortega		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Jadwin Hall				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 Washington Rd				Square Feet					
City (5) Princeton				# of Floors					
				Bldg. Age					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 4 / 14 / 12		Scheduled Completion Date (11) 6 / 20 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ ____PM-____AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
B-Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	12,212 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	1,755 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair towers #2, #3, #4 & #5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window caulk and glazing	1,094 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL			
City, State BRISTOL, PA 19007				Disposal Date		City, State MORRISVILLE, PA 19067			
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 4/4/12			

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

RECEIVED

Date of Notification (1) December 3, 2012		Name of Building Owner/Operator (2) Eleanor Sabol		2012 DEC -7 PM 2:34					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		29 Claremont Drive City, State, Zip Code Hillsboro, NJ 08844 Name of Contact Roy Taverner					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Site of Demolished Home				Type of Facility (4)					
Street Address 1 Gladys 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) Manville				Square Feet	Bldg. Age				
County (6) Somerset		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Site of Demolished Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Kielczewski Corporation					
Street Address				Street Address 235 Watchung Avenue					
City, State, Zip Code				City, State, Zip Code West Orange, NJ 07052					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-243-9872	License No. 01171				
Start Date (10) 12/04/2012		Scheduled Completion Date (11) 12/05/2012		Name of OSHA Monitor N/A					
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: Site of Demolished Home				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Site of Demolished Home			X	Transite siding, additional clean up	5sf approx	X			
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No. 0034721		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State West Orange, NJ				Disposal Date 10/29/2012	City, State Morgantown, PA 19543				
Completed by Slawomir Kielczewski			Title President	Signature <i>Slawomir Kielczewski</i>		Date 12/03/2012			

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

B & G proj. #: 2012-233

RECEIVED

Check # 5634

Date of Notification (1) <u>12/1/10 14/11/12</u>		Name of Building Owner/Operator (2) <u>Maureen & Brendan Bowers</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>9 Albert Avenue</u>		City, State, Zip Code <u>Convent Station, NJ 07961</u>	
Name of Contact <u>Maureen & Brendan Bowers</u>		Telephone Number <u></u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>same</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>9 Albert Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Convent Station, NJ 07961</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u></u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u></u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u></u>		Phone Number <u></u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>12/14/2012</u>		Sched. Completion Date (11) <u>12/14/2012</u>	Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <u></u> <input type="checkbox"/> Other-Describe: <u></u>			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

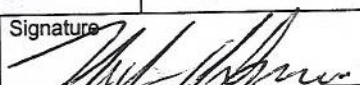
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe	60 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>12/17/12</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>12/4/2012</u>

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

CK# - 2259

Date of Notification (1) 12 / 04 / 12		Name of Building Owner/Operator (2) Ronald C. Herzog - Executor	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 64 Hemlock Road	
		City, State, Zip Code Little Falls, NJ 07424	
		Name of Contact Will Damato	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Estate of Frederic A. Herzog		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 232 Somerset Street		Square Feet 12,000	# of Floors 3
City (5) North Plainfield		Bldg. Age 50	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc
Street Address 318 12th Street,		Street Address 2 Henderson Drive	
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. (609) 704-8850	Telephone No. (973) 808-1616
License No. 00411		Name of OSHA Monitor Superior Abatement Inc	
Start Date (10) 12 / 08 / 12	Scheduled Completion Date (11) 12 / 10 / 12	Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-5:00 PM	
Street Address 2 Henderson Drive		City, State, Zip Code West Caldwell, NJ 07006	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 10
City, State New Castle, DE		Disposal Date 12/10/12	
Name of Registered Landfill Minerva Landfill		City, State Waynesburgh, OH	
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 12-4-12