

**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

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2012 DEC -7 PM 12:29
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 418-420 Main Street		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.)	
City (5) Little Falls		Square Feet 2,000	# of Floors 1
County (6) Passaic		Bldg. Age 40	Current Use (Prior if being demolished) Commercial (prior)
County Code (7) USE ONLY		Name of Abatement Contractor (9) Synatech, Inc.	
Name of Monitoring Firm Hired by Building Owner (8) Synatech, Inc.		Street Address 829 Radio Road	
Street Address 829 Radio Road		City, State & Zip Code Little Egg Harbor, NJ 08087	
City, State & Zip Code Little Egg Harbor, NJ 08087		Telephone Number 609-296-6916	License Number 00817
Project Manager for Monitoring Firm Todd Nugent		Name of OSHA Monitor Synatech, Inc.	
Telephone Number 609-488-0247		Street Address 829 Radio Road	
Scheduled Start Date (10) December 4, 2012	Scheduled Completion Date (11) December 14, 2012	City, State & Zip Code Little Egg Harbor, NJ 08087	
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			

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.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 7	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date December 17, 2012	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.

CHECK #
2541

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

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2012 DEC -7 PM 12:27

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 <input type="checkbox"/> 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>	Blgg Age <u>40+</u>						
City (5) <u>AVALON</u>		Current Use (Prior to being demolished) <u>VACANT</u>							
County (6) <u>CANE MAY</u>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <u>KLEMCO 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"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> ≥ 160 sf or ≥ 260 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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	Enclosure	Encapsulation	Other
<u>SIDING</u>			<u>TRANSITE</u>	<u>14'00#</u>	X				
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler D No. <u>17904</u>		Cubic Yards of Waste <u>5</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>		Date <u>12/4/12</u>			
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>		Date <u>12/4/12</u>			

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

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 2012 DEC 7 PM 12:27
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/28/12		Name of Building Owner/Operator (2) ST. JOSEPH'S REGIONAL MED. CENTER							
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 703 MAIN STREET							
		City, State, Zip Code PATERSON NJ 07503							
		Name of Contact MARILYN EDWARDS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOUSE / DEMO		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 123 BARCLAY ST.		Square Feet 2000	# of Floors 3						
City (5) PATERSON NJ		Bldg. Age 60							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APT / STORE / DEMO							
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) 11/28/12	Scheduled Completion Date (11) 11/29/12	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF				FLASING / CAULKING	1500	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 11/28/12		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature <i>[Signature]</i>			Date 11/28/12			

ck 8407 Emergency

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:50 and 12:120)

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REMEMBER - MAIL IN HARD COPY

Emergency Notice Type Notification
 12-5-12

EPA
 DEP
 DOH
 DGA

Initial
 Amend
 Amendment #
 Emergency (including justification)
 Cancellation

Name of Building Owner/Operator (2)
 Mike Cancillio

Street Address
 P.O. Box 631

City, State, Zip Code
 Forked River, NJ 08731

Name of Contact
 Mike Cancillio

Telephone Number
 [Redacted]

WAIVER APPROVED

Name of Facility Where Abatement is Taking Place (3)
 Single family Dwelling

Street Address
 1101 Mohawk Way

City (5)
 Westfield NJ 07090

County (6)
 Union

County Code (7) (STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age
 50+

Current Use (Prior if being demolished)
 Single family Dwelling

Name of Monitoring Firm Hired by Building Owner (8)
 EPC Technologies

ASCM No.
 N/A

Name of Abatement Contractor (9)
 EPC Technologies, Inc

Street Address
 P.O. Box 337

City, State, Zip Code
 New Egypt NJ 08533

Project Manager for Monitoring Firm
 Steve Schenker

Telephone No.
 609-758-3365

Telephone No.
 609-758-3365

License No.
 00394

Start Date (10)
 12-6-12

Scheduled Completion Date (11)
 12-6-12

Name of OSHA Monitor
 EPC Technologies, Inc

Street Address
 P.O. Box 337

City, State, Zip Code
 New Egypt NJ 08533

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

Scope of Work (Check all that apply)

3 or more 3 ft
 2 160 of or 250 ft

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN Facility) (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
on ground			X	Air Duct w/Paper	5 LF	X		
Backyard on ground			X	Small pcs of Paper	2 LF	X		
Small Room behind Garage		X		9x9 Floor Tiles	140 SF	X		

Name of Registered Waste Hauler
 EPC Technologies

NJDEP Waste Hauler ID No.
 17000

Cubic Yards of Waste
 1

Name of Registered Landfill
 Waste Management

City, State
 NE NJ

Disposal Date
 12-7-12

City, State
 Morrisville PA

Completed by
 Steve Schenker

Title
 President

Signature
 Steve Schenker

Date
 12-5-12

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

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

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Date of Notification (1) <u>12/4/12</u>		Name of Building Owner/Operator (2) <u>BUDS EXCAVATION</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>7-PM 12-26</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 Foot <u>1000</u>	# of Floors <u>2</u>
City (5) <u>NORTH WILDWOOD</u>		Bldg. Age <u>40+</u>	Current Use (Prior if being demolished) <u>VACANT</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0422</u>
		License No. <u>00444</u>

Start Date (10) <u>12/17/12</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>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input type="checkbox"/> ≥ 160 sf or ≥ 260 ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM), (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 LB</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.S.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/4/12</u>

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

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Date of Notification (1) <u>12/4/12</u>		Name of Building Owner/Operator (2) <u>ESSEX CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	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 8 (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>CAMPBELL</u>		County Code (7) (STATE USE ONLY) _____	
		Current Use (Prior if being demolished) <u>VACANT</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>856-779-0422</u>
		License No. <u>00444</u>

Start Date (10) <u>12/17/12</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>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply)

<input type="checkbox"/> 23 sf or 23 ft	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2160 sf or 2260 ft	<input checked="" type="checkbox"/> Demolition	<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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., normal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>		

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date _____	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/4/12</u>

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CHECK #
2540

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

RECEIVED

Date of Notification (1) 12/4/12

Name of Building Owner/Operator (2) 2012 CONTRACTING

Street Address 155 RT. 50

City, State, Zip Code GREENFIELD, NJ 08025

Name of Contact BRUCE BREUNIG

Telephone Number _____

Agencies Notified

EPA
 DEP
 DOL
 DOH
 DCA

Type Notification

Initial
 Amended
 Amendment # _____
 Emergency (including justification)
 Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE

Street Address 8910 1ST AVENUE

City (5) STONE HARBOR

County (6) CAPE MAY

County Code (7) (STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet 1000 # of Floors 2 Bldg Age 40Y

Current Use (Prior to being demolished) VACANT

Name of Monitoring Firm Hired by Building Owner (8) N/A

ASCM No. _____

Name of Abatement Contractor (9) KLEMCO INC.

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, N.J. 08052

Telephone No. 856-779-0422 License No. 00444

Project Manager for Monitoring Firm _____ Telephone No. _____

Start Date (10) 12/17/12 Scheduled Completion Date (11) 12/24/12

Name of OSHA Monitor JOSEPH KLEMM

Street Address 369 S. SPRUCE AVE.

City, State, Zip Code MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe _____

Scope of Work (Check all that apply)

23.51 or 23.11
 23.60 or 23.60.11
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Win-Enclosure
 Glovebag Procedure
 Non-Exempted (*) 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)			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	Enclosure
<u>SIDING</u>				<u>TRANSITE</u>	<u>15000</u>		<u>X</u>

Name of Registered Waste Hauler KLEMCO INC.

NJOEP Waste Hauler ID No. 17904

Cubic Yards of Waste 5

Name of Registered Landfill C.M.C.M.U.A.

City, State WOODBINE, N.J.

Disposal Date _____

City, State, Zip Code MAPLE SHADE, N.J. 08052

Completed By JOSEPH KLEMM Title OWNER

Signature Joseph Klemm Date 12/4/12

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**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 1							
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)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
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 Utitties						
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			

CHECK #
2544

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

RECEIVED

Date of Notification (1) <u>12/5/12</u>		Name of Building Owner/Operator (2) <u>EMERGENCY CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address <u>155 RTA 50</u>	
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		City, State, Zip Code <u>GREENFIELD, NJ 088230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>8910 184 AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>STONE HORIZON</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>		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>	
ASCM No.		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>	
License No.		License No. <u>00444</u>	
Start Date (10) <u>12/17/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scheduled Completion Date (11) <u>12/24/12</u>		Street Address <u>369 S. SPRUCE AVE.</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		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 SF or 23 II <input type="checkbox"/> 2160 SF or 2260 II		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enable Procedure	
<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIPING</u>		Amount (Specify SF or LF) <u>18006</u>	
		Abatement Type Removal Encapsulation <u>X</u>	
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
NJDEP Waste Hauler ID No. <u>17907</u>		City, State <u>WOODBINE, N.J.</u>	
Cubic Yards of Waste <u>5</u>		Disposal Date	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Date <u>12/5/12</u>	
Title <u>OWNER</u>			

* Do not use this form for asbestos licensure exempted activities

Emergency

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

CK 2844
 RECEIVED
 2012 DEC -7 PM 12:24

Date of Notification (1) 11/8/12		Name of Building Owner/Operator (2) Mark Watson / residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 150 Upland Way	
		City, State, Zip Code Haddonfield NJ 08033	
		Name of Contact Mark	

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 +		
City (5) Haddonfield NJ 08033			# of Floors 1	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.		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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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

OK 1056

**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 <input type="checkbox"/> 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)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services.							
Street Address		Street Address 235 Virginia Ave.								
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304								
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174							
Start Date (10) 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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		Pipe Insulation	80Lf	x				
Basement		x		Boiler Insulation	60Sqf	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.			

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) VOPAK TERMINAL PART II 2142000-445						
Agencies Notified <input type="checkbox"/> FPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCM <input type="checkbox"/> ICA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Announcements & Emergency (including Justification) <input type="checkbox"/> Denotation	Street Address 1250 STATE STREET City, State, Zip Code PERTH AMBOY, NJ 08861 Name of Contact APRIL MURRAY Telephone Number 732-944-1250						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) VOPAK TERMINAL		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 1250 STATE ST		Square Foot	# of Floors					
City (5) PERTH AMBOY		Bldg Age						
County (6) MIDDLESEX	County Code (7) STATE USE ONLY	Current Use (Prior if being demolished) OIL TERMINAL						
Name of Monitoring Firm Hired by Building Owner (8) BIRDALL SERVICES GROUP INC		AGCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address 65 JACOBSON DRIVE		Street Address 105 Lowell Road	NOV 14 2012					
City, State, Zip Code CRANFORD, NJ 07016		City, State, Zip Code Glen Rock, N.J. 07452	CT					
Project Manager for Monitoring Firm PETER BIRDA		Telephone No. 908-492-5700	Telephone No. 201-262-5841					
Start Date (10) 11/15/12		Renewal/Expiration Date (11) 12/5/12	Name of CEQA Monitor Omega Environmental Services 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 Other - Describe: (Name of Firm, Dates, Time of Day) Home - To Home 7:00 PM to 6:00 PM 7 Days		Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sq ft or less of <input checked="" type="checkbox"/> 2500 sq ft or greater <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 (?) and Non-Fabric Procedure								
Location of Asbestos Containing Material (ACM) in Facility (13) TO REBATE	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			Partial	Repair	Enclosure
OUTSIDE UNDER FLOOR			X	PIPE	1000 LF	X		
Name of Registered Waste Hauler NEWARK CARTING INC		NEDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill TULLYTOWN LANDFILL				
City, State NEWARK NJ		Disposed from 11/15/12	City, State MORRISVILLE, PA					
Completed by R. McDonald		TBA President	Signature R.M. McDonald			Date 12/1/12		

WORKER APPROVED

REMEMBER - MAIL IN HARD COPY

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PROVIDE IN NJAC 17:27 AND 17:28)

Check # 8020

RECEIVED

Date of Notification (1) 11/14/12

Name of Building Owner/Operator (2) VOORAK TERMINAL PARTN AMBOY LLC

Agency Notified: FPA, DEP, DOL, DCM, NCA

Type Notification: Initial, Amended, Emergency (Including Justification), Cancellation

Street Address: 1250 STATE STREET

City, State, Zip Code: PERTH AMBOY, NJ 08861

Name of Contact: APRIL MURRAY

Telephone Number: 702-53

Name of Facility Where Abatement is Taking Place (3) VOORAK TERMINAL

Street Address: 1250 STATE ST

City (6): PERTH AMBOY

County (8): MIDDLESEX

County Code (7): STATE USE ONLY

Type of Facility (4): School (K-12), Synagogue (Other than K-12), Other (i.e. offices & 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) GIRDALL SERVICES GROUP INC

ASPM No: _____

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: 65 JACKSON DRIVE

Street Address: 105 Lowell Road

City, State, Zip Code: CRAFORD, NJ 07016

City, State, Zip Code: Glan Rock, N.J. 07462

Project Manager for Monitoring Firm: FRANK B. ...

Telephone No.: 908-492-5700

Telephone No.: 201-262-9941

Start Date (10): 11/15/12

Emergency Completion Date (11): 12/1/12

Name of CEQA Monitor: Omega Environmental Services Inc

Street Address: 280 Huyler Street

City, State, Zip Code: Hockensack, NJ 07606

NOV 14 2012

WORK APPROVED

Occupancy Status During Abatement (Check Only One)

Facility Closed/Abandoned During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: WORKING 7 AM - 7 PM 7 DAYS

REMEMBER - MAIL IN HARD COPY

Scope of Work (Check All That Apply)

≥ 3 of or ≥ 8 ft

≥ 100 sq ft or ≥ 200 ft

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Cleaning Procedures

Non-Enclosed (?) and Non-Fabric Procedures

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
<u>OUTSIDE UNDER STAIRS</u>			<u>X</u>	<u>PIPE</u>	<u>1000 LF</u>	<u>X</u>		

Name of Registered Waste Hauler: NEWARK CARTING INC

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste: 20

Name of Registered Landfill: TULLYTOWN LANDFILL

City, State: NEWARK NJ

City, State: MORRISVILLE, PA

Completed by: R. McDonald

Title: President

Signature: [Signature]

Date: 11/23/12

* Do not use this form for asbestos from non-licensed facilities.

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 [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification	Street Address 46 Sherman Ave.	
	[] Amended Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
	[] EMERGENCY [] Cancellation	Name of Contact Herb Addison	Telephone Number 2012 DEC -7 PM 12:00 ASBESTOS CONTROL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] 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	Sched. Completion Date (11) 12-14-12		Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

[X] >3 sf or >3 lf	[X] Renovation	[] Full Containment with Negative Pressure
[] >160 sf or >260 lf	[] Demolition	[] Mini-Enclosure
		[X] Glovebag Procedure
		[] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	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 <i>Constantine Vivian</i>		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 [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	Street Address 213 Rivervale Rd.	
	City, State, Zip Code Rivervale, NJ 07606		Telephone Number ASBESTOS CONTROL
		Name of Contact Alexis Schmid	Telephone Number _____

RECEIVED

2012 DEC -7 PM 12:49

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 153 Somerset Rd.			Square Feet 1600	# of Floors 1	Bldg. Age 56
City (5) Norwood	County (6) Bergen	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 N/A		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
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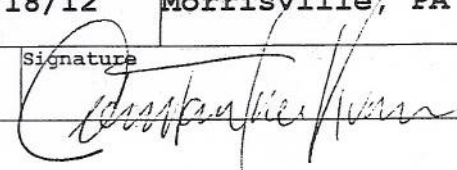
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply)

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

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

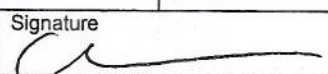
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 12/18/12	City, State Morrisville, PA 19067

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/4/12
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** 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 <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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 76 Lynn Ann		Telephone Number _____							
			City, State, Zip Code Mannahawkin NJ 08050									
			Name of Contact Micke									
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Micke Harris / Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 76 Lynn Ann			Square Feet 1000		# of Floors 1							
City (5) Mannahawkin NJ 08050			Bldg. Age 35									
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc									
Street Address _____		Street Address Po Box 329										
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091										
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 856-753-9800	License No. 00727								
Start Date (10) 12/3/12	Scheduled Completion Date (11) 12/4/12		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Exterior Siding		Yes	No	N/A	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
4/7/11

**EMERGENCY
REQUEST FOR WAIVER**

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



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 type="checkbox"/> DOL <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 Judicial Order) <input type="checkbox"/> Cancellation	Street Address 422 PALISADE AVE				
		City, State, Zip Code BOGOTA, NJ 07603				
		Name of Contact P. CONCANNON				
Telephone Number 910						
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		Country 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				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 sf or 2.5 ft <input type="checkbox"/> ≥ 180 sf or ≥ 250 ft		City, State, Zip Code South Hackensack, N.J. 07606				
		<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 (7) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT	Yes No N/A X	THERMAL INSULATION	80 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/4 YD	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 12-2-12	City, State Waynesburg, Oh			
Completed by R. Valdron		Title Estimator	Signature R. Valdron	Date 11-30-12		

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

REMEMBER - MAIL IN HARD COPY

CK 4174

EMERGENCY
WAIVER REQUEST

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

RECEIVED
DEC 7 PM 12:40

DBL - 10 DAY
4/17 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"/> BDOL <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 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"/> Childcare (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		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ACSM 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"/> 160 of or > 200 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Operational Staff (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
		Yes	No			N/A	Remove	Repair
BASEMENT			X	TERMINAL INSULATION	600 SF	X		
BASEMENT			X	TERMINAL 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 B. Veldran		Title Estimator	Signature B. Veldran	Date 12-3-12				

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>CUMBRLAND FARMS</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>120 CARR AVE</u>		City, State, Zip Code <u>KEANSBURG NJ, 07033</u>							
Name of Contact <u>PATRIC MCCARTY</u>		Telephone Number <u>908-262-5841</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>CUMBRLAND FARMS STORE</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>120 CARR AVE</u>		Square Feet <u>2000</u>	# of Floors <u>1</u>						
City (5) <u>KEANSBURG</u>		Bldg. Age <u>55</u>							
County (6) <u>MONMOUTH</u>	County Code (7) (STATE USE ONLY)	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>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>280 Huyler Street</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 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) <u>MAIN STORE AREA</u>	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) <u>VAT/INSUL</u>	Amount (Specify SF or LF) <u>123054</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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>						

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

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

RECEIVED

Date of Notification (1) <u>11/30/12</u>		Name of Building Owner/Operator (2) <u>CUMBERLAND FARMS</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 07752</u>								
		Name of Contact <u>PATRICK MCCARTY</u>	Telephone Number <u>[REDACTED]</u>							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>CUMBERLAND FARMS STORE</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>116 BAY AVE</u>		Square Feet <u>2000</u>	# of Floors <u>1</u>							
City (5) <u>HIGHLANDS</u>		Bldg. Age <u>55</u>								
County (6) <u>MONMOUTH</u>		County Code (7) (STATE USE ONLY) _____	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. <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>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>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 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	
<u>MAIN AREA STORE</u>			<u>X</u>	<u>VAT / MASTIC</u>	<u>1500 SF</u>	<u>X</u>				
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>						

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

Check #
7876

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.	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: <u>Unoccupied Basement</u>		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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


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

CK 2461

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 <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 Claremont Drive		ASBESTOS CONTROL & LICENSING					
			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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Gladys Avenue			Square Feet	# of Floors	Bldg. Age					
City (5) Manville			Current Use (Prior if being demolished) Site of Demolished Home							
County (6) Somerset		County Code (7) (STATE USE ONLY) _____								
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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Site of Demolished Home</u>			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) 5sf approx	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Site of Demolished Home			X	Transite siding, additional cleanu		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 		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) 12/1/12		Name of Building Owner/Operator (2) Maureen & Brendan Bowers	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 9 Albert Avenue	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Convent Station, NJ 07961	
		Name of Contact Maureen & Brendan Bowers	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) same			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 9 Albert Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Convent Station, NJ 07961	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-696-6869	License Number 0378		
Scheduled Start Date (10) 12/14/2012	Sched. Completion Date (11) 12/14/2012	Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

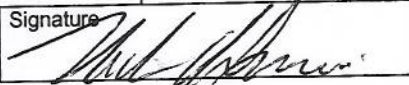
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> >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"/>

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

CK# - 2239

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

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							
Start Date (10) 12 / 08 / 12	Scheduled Completion Date (11) 12 / 10 / 12	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00 AM-5:00 PM / ____ PM- ____ AM		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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 12/10/12		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 12-4-12			

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 Street Address Brandywyne East Court City (5) Brielle, NJ County (6) Monmouth			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 _____ # of Floors _____ Bldg. Age 50+ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Apartment Unit						
Name of Monitoring Firm Hired by Building Owner (8) n/a Street Address n/a City, State, Zip Code n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 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 Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035								
Start Date (10) 12-18-2012		Scheduled Completion Date (11) 12-20-2012		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						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) 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	
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 8:60-7 and 12:120-7)**

CK6170

Date of Notice 12/3/12

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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	Street Address 9 Grosvenor Road	
	<input type="checkbox"/> Initial Notification	City, State & Zip Code Short Hills, NJ 07078	
	<input type="checkbox"/> Amended Notification	Name of Contact Richard Romano	
	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Apartment Bldg			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
23 Ridgedale Ave			Square Feet 10,000	# of Floors 3	Bldg. Age 60
City (5) Madison	County (6) Morris	County Code (7)	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 type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable

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 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)**

RECEIVED
Check # 5511
2012 DEC -7 PM 12:28
ASBESTOS CONTROL & LICENSING

Date of Notification (1) December 4, 2012		Name of Building Owner/Operator (2) B. Blair Corporation								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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) <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 350 South Broad Street		Square Feet 18000	# of Floors 3							
City (5) Trenton		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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work to be done outside</u>		Street Address 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 <i>William J. Lynch</i>				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 <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address 322 High Street	
		City, State & Zip Code Burlington, NJ 08016	
		Name of Contact Dino Nappi	Telephone Number

RECEIVED
2012 DEC -7 PM 12:28
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 322 High Street		Square Feet 12,000	# of Floors 2 + basement
City (5) Burlington		Bldg. Age 112	
County (6) Burlington		County Code (7) <i>USE ONLY</i>	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	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	Telephone Number 609-296-6916	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) <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		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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; 1 st & 2 nd 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

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

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

*Check # 6466
Emergency*

RECEIVED

2012 DEC -7 PM 12:11

**ASBESTOS CONTROL
& LICENSING**

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	Bldg. Age 50				
City (5) Trenton		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Administration Building					
County (6) Mercer County									
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	Telephone No. 267-284-1050	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						
			City, State, Zip Code Philadelphia, Pa. 19153						
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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	8 LF	<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. S. Patel</i>		Date 12/3/12			

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	

2012 DEC -7 PM 12:54
 ASBESTOS CONTROL & LICENSING

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		Name of OSHA Monitor J&S Environmental Laboratories LLC	
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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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)

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2012 DEC -7 PM 12:53

Date of Notification (1) 11/30/2012		Check#2330		Name of Building Owner/Operator (2) SANDVIK, INC								
Agencies Notified		Type Notification		Street Address 1702 Nevins Road								
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fair Lawn, New Jersey, 07410-0428								
				Name of Contact Albert Mips								
				Telephone Number								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Sandvik, Inc			Type of Facility (4)									
Street Address 1702 Nevins Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Fair Lawn, NJ 07410-0428		Square Feet 160,000	# of Floors 1	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)			Street Address same as above									
<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			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) 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
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.

CK
1194

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

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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		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	
Street Address PO Box 2158		City, State, Zip Code Princeton NJ 08543	
Name of Contact Robert Ortega		Telephone Number	

2012 DEC -7 PM 12:51
ASBESTOS CONTROL & LICENSING

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)

Demolition
 Renovation
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glove Bag Procedure & "Wrap & Cut"
 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	Date
Completed By (Print or Type) Ed King	Title President	Signature <i>Ed King</i>	Date November 28, 2012

384

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 <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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 171 Clifton Ave.	
		City, State, Zip Code Newark NJ 07104	
		Name of Contact Sharon Ertz	

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

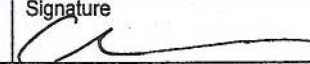
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

** Emergency **

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

*OK 2875
 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		ASBESTOS CONTROL & LICENSING				
			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+				
City (5) Hoboken NJ 07030				Bldg. Age 35 +					
County (6) Hudson		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.		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			

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

No check

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

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.	
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Street Address Bromley Corporate Center-Three Terri Lane	Street Address 1123 BEAVER STREET
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City, State, Zip Code Burlington, NJ 08016	City, State, Zip Code BRISTOL, PA 19007
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Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
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Start Date (10) 4 / 14 / 12	Scheduled Completion Date (11) 12 / 28 / 12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
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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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 1 st 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
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City, State NEW CASTLE, DE	Disposal Date	City, State MORRISVILLE, PA 19067
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Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 12/4/12
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BS12034

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

Pg 2

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ASBESTOS CONTROL & LICENSING

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 # 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

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	Telephone No. 215-788-6040	License No. 00509	

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>	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: <u>7:00AM-3:30PM</u> / <u> </u> PM- <u> </u> AM		Street Address 1123 BEAVER STREET		
		City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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 12/4/12
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ASB-41 MAY 11 **B512034**

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

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

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 # 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	Bldg. Age				
City (5) Princeton			Current Use (Prior if being demolished)						
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) <i>See attached</i> <u>4</u> / <u>14</u> / <u>12</u>	Scheduled Completion Date (11) <u>12</u> / <u>4</u> / <u>12</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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 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				

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

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

P2
RECEIVED #2307
2012 DEC -7 PM 12:16

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 # 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 7					
		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)		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) <u>4</u> / <u>14</u> / <u>12</u>		Scheduled Completion Date (11) <u>12</u> / <u>4</u> / <u>12</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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
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			

See attached

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

RECEIVED

Date of Notification (1) <u>4</u> / <u>4</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 checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-4/24/12</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

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	Telephone No. 215-788-6040	License No. 00509

* * *
SEE
ATTACH #4

Start Date (10) <u>4</u> / <u>14</u> / <u>12</u>	Scheduled Completion Date (11) <u>12</u> / <u>4</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input 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		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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) <u>4 / 4 / 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 3276 <input checked="" type="checkbox"/> DHSS 5269 <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

2012 DEC -7 PM 12:17

ASBESTOS CONTROL & LICENSING

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.)	
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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) <u>4 / 14 / 12</u>	Scheduled Completion Date (11) <u>6 / 20 / 12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
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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> 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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

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	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 <u>4/4/12</u>	

ASB-41 MAY 11 **B512034**

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