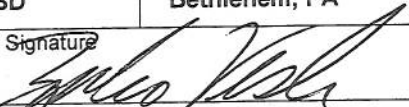



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>12 / 03 / 13</b>		Name of Building Owner/Operator (2) <b>Ted Finkelthal</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>123 Broad Street</b>							
		City, State, Zip Code <b>Elizabeth, NJ</b>							
		Name of Contact <b>Ted</b>	Telephone Number <b>908-625-8330</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>123 Broad Street</b>		Square Feet	# of Floors						
City (5) <b>Elizabeth</b>		Bldg. Age							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>12 / 14 / 13</b>	Scheduled Completion Date (11) <b>12 / 18 / 13</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ACM Pipe Insulation</b>	<b>80LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Boiler Insulation</b>	<b>100SF</b>	<input checked="" 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"/>
Name of Registered Waste Hauler <b>ALL PRO MANAGEMENT LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Zvonko Veskov</b>		Title <b>President</b>		Signature 		Date <b>12/3/13</b>			

16 2532

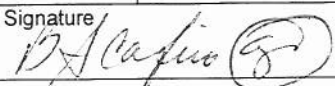
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>12 / 04 / 13</b>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>250 Cheesequake Road</b>						
			City, State, Zip Code <b>Parlin, NJ 08859</b>						
			Name of Contact <b>Nichol Reinhold</b>						
Telephone Number <b>732-643-2400</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility Exterior at Bldg 713</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>250 Cheesequake Road</b>		Square Feet	# of Floors						
City (5) <b>Parlin</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>515 Grove St #1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Tom Adams</b>	Telephone No. <b>856-656-2875</b>	Telephone No.	License No. <b>00509</b>						
Start Date (10) <b>12 / 17 / 13</b>	Scheduled Completion Date (11) <b>12 / 17 / 13</b>	Name of OSHA monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4</u> PM- <u>4</u> PM- <u>AM</u>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Bldg 713 teflon mfg area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>11 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>12/17/2013</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>		Signature 			Date <b>12/18/13</b>			



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

Date of Notification (1) <div style="text-align: center;">12 / 31 / 13</div>		Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>E.A MacMillan Building</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortega</b>	Telephone Number <b>609-258-1841</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University- Maclean House pipe tunnel</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Nassau St and Elm Dr.</b>		Square Feet <b>5,000</b>	# of Floors <b>1</b>						
City (5) <b>Princeton</b>		Bldg. Age <b>50+</b>							
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>515 Grove St., Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">12 / 16 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 17 / 13</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> PM-____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
Pipe tunnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe tunnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris cleanup	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>		Disposal Date <b>12/18/13</b>		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature 			Date <b>12/5/13</b>		

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

Date of Notification (1) <u>12</u> / <u>10</u> / <u>2013</u>		Name of Building Owner/Operator (2) <u>T. CLANCY</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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>18 FAIRFIELD DRIVE</u>	
	City, State, Zip Code <u>CONVENT STATION, NJ 07961</u>		
	Name of Contact <u>T. CLANCY</u>	Telephone Number <u>973-538-8169</u>	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>T. CLANCY</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>18 FAIRFIELD DRIVE</u>			Square Feet		
City (5) <u>CONVENT STATION</u>			County (6) <u>MORRIS</u>	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>T. CLANCY</u>		ASCM No.	Name of Abatement Contractor (9) <u>D &amp; S RESTORATION, INC.</u>	
Street Address <u>18 FAIRFIELD DRIVE</u>			Street Address <u>20 California Ave.</u>	
City, State, Zip Code <u>CONVENT STATION, NJ 07961</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>	
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-538-8169</u>	License Number <u>01169</u>
Start Date (10) <u>12/13/13</u>	Sched. Completion Date (11) <u>12/15/13</u>		Name of OSHA Monitor <u>D &amp; S Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>		Street Address <u>20 California Avenue</u>		
		City, State, Zip Code <u>Paterson, NJ 07503</u>		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		DUCT INSULATION	80 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D &amp; S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 yd</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>12/15/13</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>12/02/13</u>



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

Date of Notification (1) <u>1</u> / <u>12</u> / <u>10</u> <u>12</u> / <u>1</u> <u>13</u>		Name of Building Owner/Operator (2) <b>BOB SOCCI</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>21 LITTLE FALLS ROAD</b>	
		City, State, Zip Code <b>CEDAR GROVE, NJ 07009</b>	
		Name of Contact <b>BOB SOCCI</b>	Telephone Number <b>973-239-1816</b>

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>BOB SOCCI</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>21 LITTLE FALLS ROAD</b>					
City (5) <b>CEDAR GROVE</b>	County (6) <b>ESSEX</b>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <b>BOB SOCCI</b>		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address <b>21 LITTLE FALLS ROAD</b>			Street Address <b>20 California Ave.</b>	
City, State, Zip Code <b>CEDAR GROVE, NJ 07009</b>			City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm	Phone Number		Telephone Number	License Number <b>01169</b>
Start Date (10) <b>12/12/1313</b>	Sched. Completion Date (11) <b>12/20/13</b>		Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>			Street Address <b>20 California Avenue</b>	
			City, State, Zip Code <b>Paterson, NJ 07503</b>	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
<b>BASEMENT</b>		<input checked="" type="checkbox"/>		<b>PIPE INSULATION</b>	<b>100 L Ft</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>1 yd</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>12/13/13</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>12/02/13</b>



Dec 2 2013 08:34am

P0017001

D&amp;S Proj. #: 13-462

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

<b>APPROVED</b>
NJ Dept. of Health & Senior Services
<i>[Signature]</i>
Date: 12/2/13 Time: 7:46AM

Date of Notification (1) 11/1/13 10/11/13		Name of Building Owner/Operator (2) Maria D. Haro	
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 156 East 16th Street		City, State, Zip Code Paterson, NJ 07524	
Name of Contact Maria D. Haro		Telephone Number 973-345-5188	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 156 East 16th Street			Square Feet # of Floors Bldg. Age		
City (5) Paterson	County (6) Passaic	County Code (7) (State Use only)	Current Use (Prior if being demolished)		

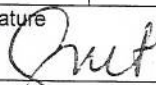
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number License Number 01169	
Start Date (10) 12/2/13		Sched. Completion Date (11) 12/3/13	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input 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 (AOM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	26	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 11/30/13



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

Date of Notification (1) <b>12 / 5 / 13</b>		Name of Building Owner/Operator (2) <b>Mars Chocolate North America, LLC/ Job #1310-4703- Check #5786</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 30107</b> City, State, Zip Code <b>College Station, TX 77842</b> Name of Contact <b>Jeff Moran</b>							
		Telephone Number <b>908-850-2797</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>M&amp;M Mars - Cooling Tunnels</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>700 High Street</b>									
City (5) <b>Hackettstown</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Warehouse</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00529</b>						
Start Date (10) <b>12 / 20 / 13</b>	Scheduled Completion Date (11) <b>1 / 3 / 14</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>24 hours</b> AM-____ PM/____ PM-____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Cooling Tunnels 1-9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	271 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>1/3/14</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>12/5/13</b>		



Dec 2 2013 08:34am

PU01/001

D&amp;S Proj. #: 13-462

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

APPROVED	
NJ Dept. of Health & Senior Services	
(signature)	
Date: 12/2/13	Time: 7:46AM

Date of Notification (1) 11/13/10/11/13		Name of Building Owner/Operator (2) Maria D. Haro	
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 156 East 16th Street		City, State, Zip Code Paterson, NJ 07524	
Name of Contact Maria D. Haro		Telephone Number 973-345-5188	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 156 East 16th Street			Square Feet # of Floors Bldg. Age		
City (5) Paterson	County (6) Passaic	County Code (7) (State Use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number	License Number 01169

Start Date (10) 12/2/13	Sched. Completion Date (11) 12/3/13	Name of OSHA Monitor D & S Restoration, Inc.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue
		City, State, Zip Code Paterson, NJ 07503

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input 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 (18)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		Pipe Insulation	26	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/30/13



D&amp;S Proj. #: 13-462

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

Date of Notification (1) 11/13/10		Name of Building Owner/Operator (2) Maria D. Haro	
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 #: _____	Street Address 156 East 16th Street	
	<input checked="" type="checkbox"/> Emergency (including justification)	City, State, Zip Code Paterson, NJ 07524	
	<input type="checkbox"/> Cancellation	Name of Contact Maria D. Haro	Telephone Number 973-345-5188

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 156 East 16th Street			Square Feet	# of Floors	Bldg. Age
City (5) Paterson	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number		License Number 01169
Start Date (10) 12/2/13		Sched. Completion Date (11) 12/3/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Basement		X		Pipe Insulation	26	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/30/13

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

Check # 1603

Date of Notification (1) 12 / 06 / 13		Name of Building Owner / Operator (2) STEPAN COMPANY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 100 WEST HUNTER AVENUE		City, State, Zip Code MAYWOOD, NJ 07607	
Name of Contact JOSEF BODZIONY		Telephone Number 973-712-7244	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEPAN COMPANY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 100 WEST HUNTER AVENUE		Building Age 50 +	
City (5) MAYWOOD	County (6) BERGEN	County Code (7)	Square Feet N/A
			# Of Floors N/A
			Current Use (Prior if being demolished) MANUFACTURING
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	
Street Address 907 DOOLITTLE DRIVE		Name of Abatement Contractor (9) LVI Demolition Services Inc.	
City, State, Zip Code BRIDGEWATER, NJ 08807		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-218-1108		License Number 00860	
Sched. Start Date (10) 12 / 23 / 13		Sched. Completion Date (11) 01 / 31 / 14	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30PM		Name of Abatement Contractor LVI Demolition Services Inc.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) 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)
BOILER HOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	1 LF
B-14	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	1470 SF
B-15 TELEPHONE ROOM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	25 LF
B-15 BASEMENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	145 LF
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature 	Date 12/06/13

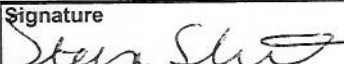


	YES	NO	N/A					
B-20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE FITTINGS	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-78	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	65 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR RAIL AREA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FITTING	1 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"/>
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RECEIVED  
DEC-9 AM 10:18

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

Check # 1602

Date of Notification (1) 11 / 25 / 13		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936	
Name of Contact KEN PIROZZI		Telephone Number 862-778-8858	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 1 HEALTH PLAZA		Square Feet 50,000	
City (5) EAST HANOVER		County (6) MORRIS	County Code (7)
Building Age 40+		Current Use (Prior if being demolished) BOILER HOUSE	
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		ASCM NO	
Street Address 1600 ROUTE 22 EAST		Name of Abatement Contractor (9) LVI Demolition Services Inc.	
City, State, Zip Code UNION, NJ 07083		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE NEHLSEN		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-688-7800		License Number 00860	
Sched. Start Date (10) 12 / 11 / 13		Sched. Completion Date (11) 01 / 03 / 14	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI - 7:00AM - 3:30PM		Name of OSHA Monitor LVI Demolition Services Inc.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) 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)
	YES NO N/A		
BLDG 710 - BOILER ROOM	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE & FITTING	1173 LF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill IESI
City, State BETHLAHEM, PA			
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature 
		Date 12/06/13	



Project #

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

Check # 2272

Date of Notification (1)  
11/12/2013Name of Building Owner/Operator (2)  
Jeffrey

## Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL  
  
☐ DOH  
☐ DCA

## Type Notification

☒ Initial  
☐ Amended  
Amendment # \_\_\_\_\_  
☐ Emergency (including  
justification)  
☐ CancellationStreet Address  
80 Holland RdCity, State, Zip Code  
Peapack NJ 07977

Name of Contact

Jeffrey

Telephone Number

(917)494-9021

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private House

Street Address

80 Holland Rd

City (5)

Peapack, NJ 07977

County (6)

Somerset

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes,  
etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

Street Address

72 Brookside Rd

City, State, Zip Code

City, State, Zip Code

Randolph NJ 07869

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

01133

Start Date (10)

11/22/2013

Scheduled Completion Date (11)

11/23/2013

Name of OSHA Monitor

J&amp;S Environmental

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_

Street Address

2333 RT 22

City, State, Zip Code

Union, NJ 07083

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf☐ Renovation  
☐ Demolition☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room Area		X		TSI	100LF	X			

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste  
Hauler ID No.

33782

Cubic Yards  
of Waste

TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ 07869

Disposal Date

TBD

City, State

Tullytown, PA

Completed by

Elvira Mrda

Title

President

Signature

Elvira Mrda

Date

11/12/2013


CK. 25356

RECEIVED  
DEC-2 AM 4:10

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)

Occupancy Status During Abatement (Check only one)		Street Address
<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement	1376 ROUTE 9 W
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:	
<input checked="" type="checkbox"/>	Other - Describe: Monday - Friday 6pm - 2:30 am	City, State, Zip Code
		WAPPINGERS FALLS, NY 1259

[illegible]

Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 12/16/13-03/15/14	City, State MORRISVILLE-PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 12/16/13



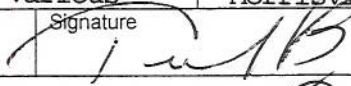
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:12b)

check H:781

Date of Notification (1) <b>12-3-2013</b>		Name of Building Owner/Operator (2) <b>C. GLODEK</b>					
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>84 JORDAN ROAD</b>					
		City, State, Zip Code <b>COLONIA, N.J. 07067</b>					
		Name of Contact <b>C. GLODEK</b>	Telephone Number <b>732 381 0499</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>C. GLODEK</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>84 JORDAN ROAD</b>		Square Feet <b>2000</b>	# of Floors <b>1</b>				
City (5) <b>COLONIA</b>		Bldg. Age <b>58 YRS</b>					
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			Street Address <b>450 S. River St</b>				
City, State, Zip Code			City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201 261 1111</b>				
			License No. <b>00388</b>				
Start Date (10) <b>12-18-2013</b>	Scheduled Completion Date (11) <b>12-19-2013</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 SF <input type="checkbox"/> ≥ 100 of or ≥ 200 SF		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed ( ) and Non-Finish 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	Encapsulation	Enclosure
<b>BASEMENT BOILER ROOM</b>	<b>X</b>	<b>THERMAL INSULATION</b>	<b>55 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2 YD.</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>12-19-13</b>	City, State <b>Waynesburg, Oh</b>				
Completed by <b>R. VELDRAAN</b>	Title <b>Estimator</b>	Signature <i>R. Veldraan</i>	Date <b>12-3-13</b>				



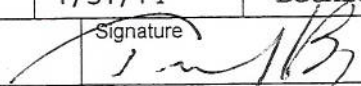
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>12-3-13</b>		Name of Building Owner/Operator (2) <b>State of New Jersey</b>							
Agencies Notified	Type Notification	Street Address <b>33 West State Street, 9th Floor</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Trenton, NJ 08625</b>							
		Name of Contact <b>Janet Goleniecki</b>	Telephone Number <b>609-777-1796</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>F &amp; A Building-Daniel J. Goldberg Complex</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1035 Parkway Avenue</b>		Square Feet <b>60,000</b>	# of Floors <b>4</b>						
City (5) <b>West Trenton</b>		Bldg. Age <b>43yrs.</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>offices</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connections</b>		ASCM No. <b>-</b>	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>120 N. Warren Street</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone No. <b>609-392-4200</b>	License No. <b>00398</b>						
Start Date (10) <b>7-22-13</b>	Scheduled Completion Date (11) <b>1-10-14</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u><b>work areas isolated</b></u>		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input 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
throughout building		X		VAT & mastic	20,810 SF	X			
throughout building		X		mastic	18,584 SF	X			
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>200</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 	Date <b>12-3-13</b>					



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

Check # 10056

Date of Notification (1) <b>12-4-13</b>		Name of Building Owner/Operator (2) <b>Reinhard Manor, LLC c/o MBI Development Company</b>							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>725 Cuthbert Blvd.</b>						
			City, State, Zip Code <b>Cherry Hill, NJ 08002</b>						
		Name of Contact <b>Bruce Morgan</b>	Telephone Number <b>856-662-1730</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Reinhard Manor</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>16 Outlook Avenue</b>		Square Feet <b>35,000 SF</b>	# of Floors <b>2</b>						
City (5) <b>Woodbridge</b>		Bldg. Age <b>90yrs.</b>							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>school</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	License No. <b>00398</b>						
Start Date (10) <b>12/19/13</b>	Scheduled Completion Date (11) <b>1/31/14</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Bldg. 16-throughout			x	pipe insulation	2,550 LF	x			
-Boiler room			x	breeching insulation	600 SF	x			
-throughout			x	VAT & mastic	10,600 SF	x			
Bldg. #2-Boiler Room			x	breeching insulation	225 SF	x			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>120yds.</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>1/31/14</b>		City, State <b>Bethlehem, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 			Date <b>12-4-13</b>			

[illegible]

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**BEST**

PAGE 04/04

REQUEST FOR ID  
DAY WAIVER

**State of New Jersey  
NOTIFICATION OF ADMISSION ADJUDICATION  
Pursuant to N.J.A.C. 17:27 and 17:28**

check # 101310 DAY

[illegible]



11/29/2013 11:40

2013297440

BEST

PAGE 02/04

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 17:27 and 17:28)

DOL - 10 DAY

NOV 28 2013

WAIVER APPROVED

Date of Notification (1) <b>11/29/13</b>		Name of Building Owner/Operator (2) <b>MS. DALIA FITZGERALD</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Construction	Street Address <b>139 MITCHELL ST</b>	City, State, Zip Code <b>WEST ORANGE, NJ 07052</b>				
		Name of Contact <b>MS. FITZGERALD</b>	Telephone Number <b>973 202 0781</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MS DALIA FITZGERALD</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, business, etc.)					
Street Address <b>139 MITCHELL ST</b>		Square Feet <b>1800</b>	6 of Floors <b>2</b>				
City (5) <b>WEST ORANGE</b>		Endg. Age <b>1940</b>					
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address		Street Address <b>450 S. River St</b>					
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm		Telephone No.	License No. <b>00388</b>				
Start Date (10) <b>11/30/13</b>	Scheduled Completion Date (11) <b>12/1/13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <b>BAH TO 5M</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 ft or less <input type="checkbox"/> 23 ft or more <input type="checkbox"/> 23 ft or more <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Regulated (?) and Non-Fractal Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE REMOVED</b> in Facility (12)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (13)		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>BASEMENT</b>			<b>THERMAL INSULATION</b>	<b>32 LF</b>			
Name of Registered Waste Handler <b>Best Removal Inc</b>		NJ DEP Waste Handler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 1/2</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>12/2/13</b>	City, State <b>Waynesburg, Oh</b>	Date <b>11/29/13</b>			
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>			

A50-01

\* Do not use this form for asbestos removal or abatement activities



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

check 4805

Date of Notification (1) <b>12-4-13</b>		Name of Building Owner/Operator (2) <b>R. GREENSTEIN</b>	
Agency 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 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>73 WINDSOR ROAD</b>		City, State, Zip Code <b>TENAFLY, NJ 07670</b>	
Name of Contact <b>R. GREENSTEIN</b>		Telephone Number <b>201 568 4343</b>	

Name of Facility Where Abatement is Taking Place (3) <b>R. GREENSTEIN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)	
Street Address <b>73 WINDSOR ROAD</b>		Square Feet <b>2100</b>	# of Floors <b>2</b>
City (5) <b>TENAFLY</b>		Slip Age <b>84 yrs</b>	
County (6) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (7)		ASCM No.	
Street Address <b>450 S. River St</b>		Name of Abatement Contractor (8) <b>Best Removal Inc</b>	
City, State, Zip Code <b>Hackensack, N.J. 07601</b>		Street Address	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No. <b>00388</b>	
Start Date (9) <b>12-17-13</b>		Scheduled Completion Date (11) <b>12-18-13</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8am 5pm</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ of or $\geq 25\%$ <input type="checkbox"/> $\geq 100$ of or $\geq 250\%$		Street Address <b>280 Huyler St</b>	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Initial Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (O) and Non-Fixable Procedure		Telephone No.	

Location of Asbestos-Containing Material (ACM) (12)	Is Location Routinely Used Exclusively by Maintenance/Construction Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, spraying, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>THERMAL INSULATION</b>	<b>60 LF X</b>				
<b>BASEMENT</b>			<b>X</b>	<b>VAT</b>	<b>100 SF X</b>				

Name of Registered Waste Handler <b>Best Removal Inc</b>		RIDEP Waste Handler ID No. <b>17109</b>	Cable Ties of Waste <b>3440</b>	Name of Registered Landfill <b>Minerva Enterprises</b>	
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>12-18-13</b>	Signature <b>R. Veldran</b>	City, State <b>Waynesburg, Oh</b>	
Completed by <b>R. VELDRAN</b>		Title <b>Estimator</b>		Date <b>12-4-13</b>	

\* Do not use this form for asbestos removal exempt activities.



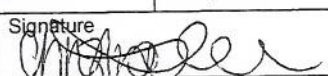
VIA U.S. MAIL  
Tech # 1070  
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>12/4/13</b>		Name of Building Owner/Operator (2) <b>Mr. Ronald E. Gerubesen</b>								
Agency 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 <b>276 MAIN ST</b>								
		City, State, Zip Code <b>SOUTH RIVER N.J.</b>								
		Name of Contact <b>Mr. John (Jack) Gazda</b>	Telephone Number <b>(609) 876-5113</b>							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>276 MAIN ST</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>276 MAIN ST</b>		Square Feet <b>2500</b>	# of Floors <b>2</b>							
City (5) <b>SOUTH RIVER N.J.</b>		Bldg. Age <b>75</b>								
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENT</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>NOVATECH INC</b>							
Street Address		Street Address <b>P.O. Box 814</b>								
City, State, Zip Code		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</b>								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>00806</b>							
Start Date (10) <b>12/13/13</b>		Scheduled Completion Date (11) <b>1/13/14</b>	Name of OSHA Monitor <b>NOVATECH INC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 814</b>								
		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</b>								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure.										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<b>BASEMENT</b>			<b>X</b>	<b>PIPE INSULATION</b>	<b>&lt; 100 LF</b>	<b>X</b>				
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>						
City, State <b>OLD BRIDGE N.J. 08857</b>		Disposal Date <b>12/14/13</b>		City, State <b>Harrisville P.A.</b>				Date <b>12/4/13</b>		
Completed by <b>CARLOS ALMEIDA</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>						



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

Date of Notification (1) December 4, 2013		Name of Building Owner/Operator (2) Sevenson Environmental		Check # 6232					
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 2749 Lockport Road City, State, Zip Code Niagara Falls, NY 14305 Name of Contact Mike Lacker Telephone Number 856-742-5630					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Welsbach Superfund Site				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 460 Hunter Street				Square Feet 4,000					
City (5) Gloucester City				# of Floors 3					
County (6) Camden				Bldg. Age 100					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address P.O. Box 341			Street Address 623 Cutler Ave.						
City, State, Zip Code Chesterfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		License No. 00842					
Start Date (10) December 13, 2013		Scheduled Completion Date (11) December 20, 2013		Name of OSHA Monitor EMSL					
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 107 Haddon Ave. City, State, Zip Code Westmont, New Jersey 08108					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Crawlspace			XXX	Pipe Insulation	15 LF	X			
Roof			XXX	Roof	1,500 SF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 2		Name of Registered Landfill Grows Landfill			
City, State Mount Holly, New Jersey 08060				Disposal Date 12-20-13		City, State Tullytown, PA.			
Completed by Christina Lynch		Title Office Manager		Signature 		Date 12/4/2013			



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

OK 4804

Date of Notification (1) <b>12-4-13</b>		Name of Building Owner/Operator (2) <b>A. LIQUORI</b>				
Agency 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>16 EAST PASSAIC AVENUE</b>				
		City, State, Zip Code <b>NUTLEY, NJ 07110</b>				
		Name of Contact <b>A. LIQUORI</b>	Telephone Number <b>973 332 2164</b>			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>A. LIQUORI</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (e.g. private & commercial buildings, homes, etc.)				
Street Address <b>116 EAST PASSAIC AVENUE</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>			
City (5) <b>NUTLEY</b>		Bldg. Age <b>140 YRS</b>				
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)			
Street Address			<b>Best Removal Inc</b>			
City, State, Zip Code			Street Address <b>450 S. River St</b>			
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Hackensack, N.J. 07601</b>			
Start Date (10) <b>12-16-13</b>		Scheduled Completion Date (11) <b>12-17-13</b>	Telephone No. <b>4</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>		License No. <b>00388</b>				
Name of OSHA Monitor <b>Omega Environmental Inc</b>		Street Address <b>280 Huyler St</b>				
Steps of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 5 F <input checked="" type="checkbox"/> ≥ 100 of or ≥ 200 F		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>				
<input type="checkbox"/> Renovation <input 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-Enclosed (?) and Non-Fixable Procedure				
Location of Asbestos-Containing Material (ACM) (13) <b>TO BE ABATED IN FACILITY</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, WET, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
<b>BASEMENT/CRAWL SPACE</b>	<b>X</b>	<b>THERMAL INSULATION</b>	<b>90 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJ DEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/4 YD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>12-17-13</b>	City, State <b>Waynesburg, Oh</b>			
Completed by <b>R. VELDRAN</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>12-4-13</b>			

\* Do not use this form for asbestos removal exempt activities.



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

Date of Notification (1) December 4, 2013		Name of Building Owner/Operator (2) <i>Franklin-Burlington Plastics</i> Check # 6227							
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 113 Passaic Avenue							
		City, State, Zip Code Kearny, NJ 07032							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <i>Franklin-Burlington Plastics</i>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 113 Passaic Avenue		Square Feet 10,000	# of Floors 3						
City (5) Kearny		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Ave.							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Firoz Jan		Telephone No. 609-890-7277	License No. 00842						
Start Date (10) December 17, 2013	Scheduled Completion Date (11) January 15, 2013		Name of OSHA Monitor EMSL						
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 107 Haddon Ave						
			City, State, Zip Code Westmont, New Jersey 08108						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room/Warehouse		XXX		Boiler/Furnace/Tank Insulation	270 SF	X			
Roof			XXX	Roofing/Transite	3,225 SF	X			
Boiler Room		XXX		Tar (Cooling Tower)	40 SF	X			
Warehouse		XXX		Pipe Insulation	1,100 LF	X			
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 50	Name of Registered Landfill Grows Landfill				
City, State Mount Holly, New Jersey 08060				Disposal Date 1-15-13	City, State Tullytown, PA.				
Completed by Christina Lynch		Title Office Manager			Signature <i>Christina Lynch</i>		Date 12/4/2013		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff?			Description of Asbestos Containing Material (ACM)	Amount (Specify SF or LF)	Removal
	Yes	No	N/A			
Warehouse (office)		X		Floor Tile and Mastic	300 SF	X
Boiler Room/Warehouse		X		Gasket	40 Each	X
Warehouse (office)		X		Fire Door	90 SF	X

REMOVED  
 11/17/17



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

CK# 2185

Date of Notification (1) <b>12/5/13</b>		Name of Building Owner/Operator (2) <b>Peter and Kelly Lanza</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>249 Fielder Ave</b> City, State, Zip Code <b>Ortley Beach New Jersey</b> Name of Contact <b>Mike</b> Telephone Number <b>732 5283800</b>
	<b>FACILITY INFORMATION</b>		
	Name of Facility Where Abatement is Taking Place (3) <b>Lanza Residence</b> Street Address <b>249 Fielder Ave</b> City (5) <b>Ortley Beach NJ</b> County (6) <b>Deer</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <b>1200</b> # of Floors <b>1</b> Bldg. Age <b>60+</b> County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <b>Residence</b>
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b> Street Address <b>95 Montrose Road</b> City, State, Zip Code <b>Colts Neck, N.J. 07722</b> Project Manager for Monitoring Firm Telephone No. Telephone No. License No. <b>00029</b>	
Start Date (10) <b>12/14/13</b> Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am - 7pm</b>		Scheduled Completion Date (11) <b>12/20/13</b> Name of OSHA Monitor Street Address City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>outdoors</b> <b>outdoors</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>Siding on home</b> <b>Siding on garage</b>
	Amount (Specify SF or LF) <b>1200 sf</b> <b>400 sf</b>		Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b> City, State <b>Colts Neck, New Jersey</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>3</b> Disposal Date <b>12/20/13</b>
Name of Registered Landfill <b>Grows</b> City, State <b>Tullytown, Pa</b>		Signature <b>George Wuest</b> Date <b>12/5/13</b>	



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

*\*Sandy\** OK #2185

Date of Notification (1) <b>12/4/13</b>		Name of Building Owner/Operator (2) <b>John Scarido</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>245 Baystream Drive</b> City, State, Zip Code <b>Tom River, New Jersey</b>	
		Name of Contact <b>Ryan Furtch</b>	Telephone Number <b>732 681 0206</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Scarido Residence</b>		Type of Facility (4)	
Street Address <b>245 Baystream Dr.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Tom River</b>	Square Feet <b>1300</b>	# of Floors <b>1</b>	B'dg. Age <b>60+</b>
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address			<b>Ace Insulation Co., Inc.</b>
City, State, Zip Code		Street Address <b>95 Montrose Road</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>	
Telephone No.		Telephone No.	License No. <b>00029</b>
Start Date (10) <b>12/9/13</b>	Scheduled Completion Date (11) <b>12/11/13</b>		Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One)			Street Address
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am-1pm</b>			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 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>Outdoor</b>			<b>X</b>	<b>Siding w/ vinyl</b>	<b>1300</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Grows</b>
City, State <b>Colts Neck, New Jersey</b>		Disposal Date <b>12/11/13</b>		City, State <b>Tullytown, Pa</b>
Completed by <b>George Wuest</b>	Title <b>President</b>	Signature <i>George Wuest</i>		Date <b>12/4/13</b>



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

RECEIVED

Date of Notification (1) <u>12/4/13</u>		Name of Building Owner/Operator (2) <u>JOHN KELLER INC.</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>30 BLUE HERON DRIVE</u>					
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>					
		Name of Contact <u>SAE</u>	Telephone Number <u>609-780-1447</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>22 SIMPSON ROAD</u>		Square Feet <u>1000</u>	Blgd. Age <u>40+</u>				
City (5) <u>OCEAN CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLGMC INC.</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Street Address <u>369 S. SPRUCE AVE.</u>					
Street Address		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
City, State, Zip Code		Telephone No.	License No. <u>00444</u>				
Project Manager for Monitoring Firm		Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Start Date (10) <u>12/14/13</u>	Scheduled Completion Date (11) <u>12/21/13</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"/> ≥ 3 sl or ≥ 3 ll <input type="checkbox"/> ≥ 160 sl 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-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1500#</u>	Abatement Type		
	Yes	No			N/A	Removal	Encin
			<u>TRANSITE</u>				
Name of Registered Waste Hauler <u>KREMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>12/4/13</u>				



F 3850

Client #  
3093

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

RECEIVED

Date of Notification (1) 12/15/13		Name of Building Owner/Operator (2) CAMP TECH CONTRACTING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <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 155 RT. 50		City, State, Zip Code GREENFIELD, N.J. 08230	
Name of Contact BRUCE BREUNIG		Telephone Number 609.390-21	
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 3457 ASBURY AVE.		Square Foot 1000	
City (5) OCEAN CITY		# of Floors 2	
County (6) CAMDEN		Current Use (Prior to being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address N/A		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 7	
Start Date (10) 12/15/13		Name of OSHA Monitor JOSEPH KLEMM	
Scheduled Completion Date (11) 12/22/13		Street Address 369 S. SPRUCE AVE.	
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 MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 3000 SF	
Name of Registered Waste Hauler KLEMMCO INC.		Cubic Yards of Waste 5	
City, State MAPLE SHADE, N.J. 08052		Disposal Date	
Completed By JOSEPH KLEMM		Name of Registered Landfill C.M.C.M.U.	
Title OWNER		City, State WOODBINE, NJ	
Signature Joseph Klemm		Date 12	

Do not use this form for asbestos licensure exempted activities



CHECK #  
3094

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

RECEIVED

Date of Notification (1) <u>12/5/13</u>		Name of Building Owner/Operator (2) <u>GREEN TECH CONTRACTING</u>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>			
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>609.390-2127</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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>3922 BAY AVE.</u>		Square Feet <u>1000</u>			
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>			
County (6) <u>CAROLAN</u>		Bldg Age <u>40+</u>			
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.			
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>			
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>			
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Telephone No.		Telephone No. <u>1-800-444</u>			
Start Date (10) <u>12/15/13</u>		Scheduled Completion Date (11) <u>12/23/13</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor <u>JOSEPH KLEMM</u>			
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Street Address <u>369 S. SPRUCE AVE.</u>			
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>			
Table with 5 columns: Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12), Is Location Normally Used Solely by Maintenance/Custodial Staff? (12), Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous), Amount (Specify SF or LF), Abatement Type (Renov, Demol, Full, etc.)					
SIDING		TRANSITE		2600	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		WDEP Waste Hauler ID No. <u>17907</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>	
Date <u>12/5/13</u>		Date <u>12/5/13</u>		Date <u>12/5/13</u>	

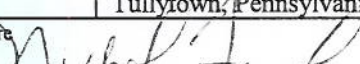


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>December 4, 2013</b>		Name of Building Owner/Operator (2) <b>Pat Butera</b>	
Agencies Notified	Type of Notification	Street Address <b>32 Woodland Drive</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code <b>Fair Haven, NJ 07704</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <b>Pat Butera</b>	Telephone Number <b>732-996-8030</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>12 Inlet Terrace</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Belmar</b>			Other (i.e., private & commercial buildings, homes, etc.)		
			<input type="checkbox"/>		
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1500 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>	
Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code <b>Toms River, NJ 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>		
Scheduled Start Date (10) <b>12/5/13</b>	Scheduled Completion Date (11) <b>12/6/13</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one)		Street Address <b>1056 Stelton Road</b>			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

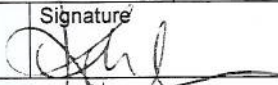
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	8 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>12/9/13</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>12/4/2013</b>		

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




\* Scope sheets are attached (4 pages)

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

Date of Notification (1) 12 / 4 / 13		Name of Building Owner/Operator (2) Matheson Tri-Gas, Inc. / Job # 1312-1833 Chk. #3431						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 150 Allen Road						
		City, State, Zip Code Basking Ridge, J 07920						
		Name of Contact Stephen Stroud, Esq.	Telephone Number 908-991-9333					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Matheson Tri-Gas Facility		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 932 Paterson Plank Road		Square Feet 50,000	# of Floors 1					
City (5) East Rutherford		Bldg. Age 1930's						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Group, Inc.		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 5066R West Chester Pike - P.O. Box 129		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Edgemont, PA 19028		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Timothy Van Amburgh # 023173		Telephone No. 610-359-1790	License No. 00862					
Start Date (10) 12 / 13 / 13	Scheduled Completion Date (11) 1 / 13 / 14	Name of OSHA Monitor EMSL Analytical, Inc.						
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: _____ AM- _____ PM/ _____ PM- _____ AM <i>* NIGHTS AND WEEKENDS POSSIBLE - WILL ADVISE ACCORDINGLY</i>		Street Address 200 U.S. Route 130 North						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Cinnaminson, NJ 08077						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Per Conv. w/ Chris Trevors on 12/4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACM survey attached (4 pgs)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All items to be removed shown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in attached survey	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 1/14/14		City, State Morrisville, PA 19067				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 12-4-13		

SUMMARY OF ASBESTOS-CONTAINING MATERIAL				
Asbestos Pre-Demolition Inspection Matheson Tri-Gas Facility 932 Paterson Plank Road East Rutherford, NJ				
Sample Number	Sample Type	Sample Location	Asbestos Content	Material Quantity & Designation 2013
<b>BUILDING 1A Building #1 (far most westerly building/adj. R&amp;R)</b>				
PACM	Corrugated Transite Roof Panels	Roof	PACM	400 SF (NF2)
<b>Building #33 - Ext. Rear Shed</b>				
2	Smooth Transite Sheet	Interior - Rear Shed	17	300 SF (NF2)
<b>Building #33 - Locker Room Building</b>				
3	Corrugated Transite Roof Panels	Roof/ground debris	15	1,200 SF (NF2)
4	Pipe insulation - Magnesia block	Ext. Main Steam piping lines	44	(See "Ext Main Steam Lines" - FRI)
10	12" Floor Tile (tan)	Break room	31.2 NOB	1,000 SF (NF1)
13	Pipe insulation	Boiler Room/floor debris	47	30 LF (FRI) 100 SF
14	Pipe Insulation Magnesia block	Ext piping Main Steam Lines	36	(See "Ext Main Steam Lines" - FRI)
PACM	Corrugated Transite Roof Panels	Front Loading Dock	PACM	450 SF (NF2)
<b>Building #33 - Warehouse/Records Storage Building</b>				
PACM	Pipe insulation	Warehouse Rear - Space Heater	PACM	5 LF (FRI)
21	12" Floor Tile (green)	Records Storage	5	70 SF (NF1)
22	12" Floor Tile (yellow)	Lab Room	3	1,400 SF (NF1)
<b>Building #33 - Project &amp; Spectroscopy Labs Building</b>				
25	Window glazing	Windows	6.7 NOB	36 windows(NF2)
<b>Building #13</b>				
28	Window glazing	Windows	3	1 window (NF2)
29	2'x4' Ceiling Tile (pine hole)	Ceiling Floor Debris	4	1,300 SF (FRI) 1,300 SF
PACM	Corrugated Transite Roof & Siding Panels	Roof & Siding	PACM	Roof - 6000 SF (NF2) Siding - 2,750 SF
34	9" Floor Tile (tan)	Floor	7	(Same as #38)(NF1)
35	2'x4' Ceiling Tile (striations)	Ceiling (3 rooms) Floor Debris	2	1,000 SF (FRI) 1,000 SF
36	Spray-on fireproofing	Walls/Roof (over transite materials)	33	Roof - 6000 SF Walls - 2,750 SF Floor Debris - 2,500 SF (FRI)
38	9" Floor Tile (lt. brown (& under #37))	Floor (3 rooms)	45.6 NOB	1,000 SF (NF1)
38a	Assoc'd Mastic (black)	Floor	2.0 NOB	1,000 SF (NF1)
<b>Building #22 - Plant Engineering Office/Cylinder Storage Building</b>				
PACM	Corrugated Transite Roof Panels	Roof	PACM	1,800 SF (NF2)

Submitted by: 

Kim Trumbetti, Offic Admini-

Date: 12/4/13




# SUMMARY OF ASBESTOS-CONTAINING MATERIAL


Asbestos Pre-Demolition Inspection  
Matheson Tri-Gas Facility  
932 Paterson Plank Road  
East Rutherford, NJ

DEC - 9 2001

Sample Number		Sample Type	Sample Location	Asbestos Content	Material Quantity
Building #21					
PACM	Transite Sheeting Panels	Exterior Blue Mech process box	PACM		200 SF (NF2)
PACM	Intake Manifold Gaskets	Top cover of the above process box	PACM		7 @ 1 SF ea. (FRI)
46	9" Floor Tile (green/tan)	Floor	10		400 SF (NF1)
46a	Assoc'd Mastic (black)	Floor	1.3 NOB		400 SF (NF1)
48	2'x4' Ceiling Tile (pinhole)	Floor	4		1,800 SF (FRI)
49	Spray-on fireproofing	Ceiling	25		Roof - 6000 SF (FRI) Walls - 2,750 SF Floor Debris - 1,800 SF
PACM	Corrugated Transite Roof Panels	Roof (over transite)	PACM		1,800 SF (NF2)
Building #12 - Power House					
PACM	Corrugated Transite Roof Panels	Roof - Rear Connecting Shed	PACM		500 SF (NF2)
PACM	Transite Sheeting	Vent Hoods/ Partition Wall	PACM		Hoods 600 SF Partition Wall 1,200 SF (NF2)
PACM	Pipe Insulation	Interior Ground Debris	PACM		270 LF (FRI) Ground Debris 25 SF
Exterior Pipe Rack					
53	Pipe insulation - spun paper	Ext. Main Steam piping lines	9		2,487 LF (FRI)
PACM (sample 4 & #14)	Pipe insulation - Magnesia block	Ext. Main Steam piping lines	44		
Roofing Materials					
60	Asphalt roofing (silver paint)	Bldg. 33 Warehouse roof	17		18,000 SF (90'x200')
61	Asphalt roofing (silver paint)	Bldg. 33 Warehouse roof Spectroscopy	18		
62	Asphalt roofing (silver black)	Bldg. 33 Freon - North	15		
63	Asphalt roofing (silver black)	Bldg. 33 Freon - South	15		
64	Asphalt Roof Tar (silver black)	Bldg. 33 - Project Lab	20		
65	Asphalt roofing (black)	Bldg. 31 - Filling Bldg. - East WING	<1-7		2,000 SF
66	Asphalt roofing (black/brown)	Bldg. 31 - Filling Bldg. - West	17		(included with #60-#64 quantity)
67	Asphalt Roof Tar (black)	Bldg. 33 - South	10		23,000 SF (all platform roofs)
74	Asphalt Flat Roofing (silver/black)	Bldg. 21 - Cylinder Storage North	10		
76	Roofing (silver/black)	Bldg. 23 - Cylinder Storage	10		


Submitted by:   
Kim Thumbetti, Office Admin

KEY:	
PACM = Presumed asbestos-containing material	
NOB Confirming TEM-NOB Analysis	
* ND = None Detected	DEC - 9 2015
EMG#131003-TVA-1	

Submitted by   
Kim Thumbe, office Admin



Asbestos Pre-Demolition Inspection Matheson Tri-Gas Facility 932 Paterson Plank Road East Rutherford, NJ Asbestos Material Summary				
Sample Number	Sample Type	Sample Location	Asbestos Content	Material Quantity
<b>Office Building Interior</b>				
82	Floor tile	Under glue down carpeting	8%	2,400 SF
82a NOB	Assoc'd mastic	Under glue down carpeting	1.9%	
91	Linoleum	Restroom Corridor	15%	120 SF
92	12" Floor Tile	Ladies Restroom	2	150 SF
93	12" Floor Tile	Lunch Room	2%	3,000 SF (Floor Tile/Linoleum Only)
94	Linoleum Under #93	Lunch Room	15%	
95	9" Floor Tile	Lunch Room & Under all addition area carpeting	2%	
96	9" Floor Tile	Equipt. Storage Room	2%	1,200 SF
102	Towel-on Acoustic Ceiling finish	North Office Perimeters(over gypsum board)	6%	500 SF
103	Floor Tile	North Office Areas	10%	(Included with #93/ 95)
105	9" Floor Tile	Storage Room with Attic hatch	8%	400 SF
106	9" Floor Tile	Conf Room	10%	300 SF
107	Floor Tile	"proposed " Conf. Room	24.1%	400 SF
108	Floor Tile	West Side Entry hallway	5%	400 SF
<b>Attic - Plenum Areas</b>				
PACM	Pipe insulation - Air-cell and magnesia bock	Steam loop	PACM	400 LF
<b>Boiler Room</b>				
PACM	Pipe insulation - Aircell and magnesia bock	Steam loop	PACM	230 LF
PACM	Pipe insulation - Aircell and magnesia bock	Assoc'd Floor debris	PACM	10 SF
<b>Roofing</b>				
PACM	Transite Corrugated Roof Paneling	pitched roof section extending under addition	PACM	6,000 SF
PACM = Presumed asbestos-containing material				
NOB Confirming TEM-NOB Analysis				
* ND = None Detected				
EMG#131003-TVA-I				

Submitted by:   
 Kim Trumbetti, Office Admin

Date: 12/4/13



December 4, 2013

Mr. Tom Voorhees  
New Jersey Department of Labor & Workforce Development  
1 John Fitch Plaza, 3<sup>rd</sup> Floor  
Trenton, NJ 08625

Re: Initial Notification – Matheson Tri-Gas Facility  
932 Paterson Plank Road – East Rutherford, NJ

Dear Mr. Voorhees,

Attached, you will find the initial notification for the above referenced facility. The notification is five (5) pages in total. The first page is the "Notification of Asbestos Abatement". The four (4) additional pages are the scope of work pages, as the scope is too large to fit on the 1<sup>st</sup> page of the notification.

Please confirm you have received all five (5) pages of this notification. I can be reached at (609) 702-0400 or [kim@amsnj.net](mailto:kim@amsnj.net).

I appreciate your time and consideration to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly", followed by a long horizontal flourish line.

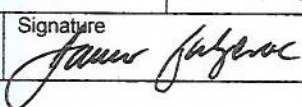
Kimberly Trumbetti, Office Administrator

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Asbestos and Mold Services, Corp. 3859 Sylon Blvd. Hainesport, NJ 08036  
Phone 609.702.0400 Fax 609.702.1013



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

Date of Notification (1) 12/04/2013		Name of Building Owner/Operator (2) Market Halsey Urban Renewal LLC							
Agencies Notified	Type Notification	Street Address 112 W.34th Street Ste.2106							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10120							
		Name of Contact Bob Klug	Telephone Number 973-297-1286						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Market Halsey Building 12th floor and basement 3B		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 165 Halsey Street		Square Feet 30,000per fl.	# of Floors 16						
City (5) Newark		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) office building							
Name of Monitoring Firm Hired by Building Owner (8) RK Environmental Inc		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 403 ST. James Avenue		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	License No. 0666						
Start Date (10) 12/19/2013	Scheduled Completion Date (11) 12/22/2013	Name of OSHA Monitor Bako Construction & Restoration 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 <input checked="" type="checkbox"/> Other - Describe: <u>Thur,Fri:3pm-11:30pm; Sat, Sun:8am-4:30pm</u>		Street Address 265A Route 46 Suite 3D							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
12th Floor		X		VAT	450 SF	X			
12th Floor		X		1'X1'Ceiling Tiles/ brown Glue	450 SF	X			
Basement 3 B		X		Thermal System Insulation	150 LF	X			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S					
City, State Totowa, NJ		Disposal Date 12/23/2013		City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 12/04/13			