

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

RECEIVED  
 2012 DEC 10 PM 3:10  
 ASBESTOS CONTROL & LIAISON DIVISION

CK  
 254

Date of Notification (1) <b>12-05-2012.</b>		Name of Building Owner/Operator (2) <b>KYLE HALLENBECK</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 SYLVAN RD.</b>	
		City, State, Zip Code <b>Bloomfield, N.J. 07003</b>	
		Name of Contact <b>KYLE</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE.</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>101 SYLVAN RD.</b>		Square Feet <b>2,200</b>	# of Floors <b>2</b>
City (5) <b>Bloomfield NJ.</b>		Bldg. Age <b>78</b>	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>N/A.</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A.</b>		ASCM No.	Name of Abatement Contractor (9) <b>SHARON QUALITY CO LLC</b>
Street Address		Street Address <b>22-VAN ORDEN PL</b>	
City, State, Zip Code		City, State, Zip Code <b>HACKENSACK N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-708-4270</b>	License No. <b>01135</b>
Start Date (10) <b>12-14-12.</b>	Scheduled Completion Date (11) <b>12-14-12.</b>	Name of OSHA Monitor <b>JDS Environmental Services.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address <b>2300. RT. 22 WEST.</b>	
		City, State, Zip Code <b>UNION N.J.</b>	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/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>100 SF.</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Sharon Quality Co.</b>	NJDEP Waste Hauler ID No. <b>033967</b>	Cubic Yards of Waste <b>TBD.</b>	Name of Registered Landfill <b>TRI STATE SERVICES.</b>
City, State <b>Hackensack, N.J.</b>	Disposal Date <b>TBD.</b>	City, State <b>BRONX, N.Y. 10474</b>	
Completed by <b>CARLOS ESQUIVEL</b>	Title <b>SAFETY MANAGER</b>	Signature 	Date <b>12-05-12.</b>

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CHECK # 9793

GAC Project # 060-12

Client Project #

Date of Notification (1) <b>December 5, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>908-737-1000</b>	

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SAFETY CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) <b>BLAKE HALL, BLDG # 6005</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.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+ years</b>		
Street Address <b>COOK CAMPUS</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Street Address <b>268 MAIN STREET</b>		
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>			
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Scheduled Start Date (10) <b>12/14/12</b>		Scheduled Completion Date (11) <b>12/16/12</b>		Street Address <b>20-21 WARGARAW ROAD</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>Shift Hours: 5:00 PM FRI - 5:00 AM MON</b>			City, State, Zip Code <b>FAIRLAWN, NJ</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Room 134A	<input checked="" type="checkbox"/>	VAT	500 SF	<input checked="" type="checkbox"/>

Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561	Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJDEP # 22612	Disposal Date <b>12/16/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>

Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>December 5, 2012</b>
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**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC# 9024-12

Date of Notification (1) <b>December 5, 2012</b>		Name of Building Owner/Operator (2) <b>MR. STEVENS c/o CONTINENTAL PROPERTY MGMT.</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled	
Street Address <b>148 ELM ROAD</b>		Street Address <b>975 EASTON ROAD, SUITE 102</b>	
City (5) <b>CRESSKILL</b>		City, State, Zip Code <b>WARRINGTON, PA 18976</b>	
County (6) <b>BERGEN</b>		Name of Contact <b>MR. EDWARD STEVENS</b>	
County Code (7) (State Use Only)		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>STEVENS RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>148 ELM ROAD</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>CRESSKILL</b>		Current Use (prior if being demolished): <b>RESIDENCE</b>	
County (6) <b>BERGEN</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
County Code (7) (State Use Only)		Street Address <b>268 MAIN STREET</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
ASCM No. <b>0098</b>		Telephone Number <b>973-492-0477</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		License Number <b>00840</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>		Telephone Number <b>973-636-9145</b>	
Scheduled Start Date (10) <b>12/17/12</b>		Scheduled Completion Date (11) <b>12/18/12</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>Work Area Closed/Vacant During Entire Period of Abatement 7:00 AM - 7:00 PM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>BASEMENT &amp; 2<sup>nd</sup> FLOOR ROOMS</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>		Amount (Specify SF or LF) <b>1100 SF</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>Newark Carting, Inc. Newark, NJ 04509</b>		NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	
Cubic Yards of Waste: <b>10 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Notes: <b>None</b>		Disposal Date <b>12/18/12</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>		Date <b>December 5, 2012</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>December 5, 2012</b>	

Copies To: Mr. EDWARD STEVENS, & ENVIROVISION, Attn: Mr. Fred Larson

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

MO# 20142489925

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2012 DEC 10 PM 3:09

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 05 / 12		Name of Building Owner/Operator (2) Martiz Mustafa	
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)		Street Address 239 76th Street	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code North Bergen, NJ 07047	
		Name of Contact Gregory B. Pasquale	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 239 76th Street		Square Feet	# of Floors
City (5) North Bergen, NJ 07047		Bldg. Age	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address		Street Address		
City, State, Zip Code		City, State, Zip Code		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
		973-638-1777	01127	

Start Date (10) 12 / 14 / 12	Scheduled Completion Date (11) 12 / 16 / 12	Name of OSHA Monitor Envirovision Consultants, Inc	
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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 20-21 Wagaraw Road, Bldg. # 34A	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Property	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mixed ACM&Debris on soil-	1,800 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean up and decontamination after		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	house demolition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	

Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 12/05/2012
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State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 12:120)

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 2012 DEC 10 PM 3:05  
 ASBESTOS CONTROL  
 & LICENSING

MO 20459963856

Date of Notification (1)  
 12-7-12

Name of Building Owner/Operator (2)  
 ULLMAN FAMILY PARTNERSHIP

Agency Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment # 1  
 Emergency (including justification)  
 Cancellation

Street Address  
 3900 MILLENIA BLVD.

City, State, Zip Code  
 ORLANDO, FL 32839

Name of Contact  
 THOMAS BAUER

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
 FORMER STATE FARM BUILDING

Type of Facility (4)  
 School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial buildings, homes, etc.)

Street Address  
 1750 RT. 23

City (5)  
 WAYNE

Square Feet  
 100,000

# of Floors  
 1

Bldg. Age  
 40+

County (6)  
 PASSAIC

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)  
 VACANT

Name of Monitoring Firm Hired by Building Owner (8)  
 R.A. WEST ASSOCIATES, INC.

ASCM No.

Name of Abatement Contractor (9)  
 UNIPRO, INC.

Street Address  
 2865 SOUTH EAGLE RD. # 359

Street Address  
 173 KARKUS AVE.

City, State, Zip Code  
 NEWTOWN, PA. 18940

City, State, Zip Code  
 WOODBRIDGE, NJ 07095

Project Manager for Monitoring Firm  
 BOB WEST

Telephone No.  
 215.860.5026

Telephone No.  
 732-726-3111

License No.  
 00615

Start Date (10)  
 12.10.12

Scheduled Completion Date (11)  
 01-27-13

Name of OSHA Monitor  
 AS ABOVE

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

City, State, Zip Code

Scope of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf  
 ≥ 160 sf or ≥ 260 lf

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-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
THROUGHOUT BUILDING		X		BLACK FLOOR MASTIC	51,000 S.F.	X		
WINDOW SILLS		X		TRANSITE WINDOW SILLS	300 L.F.	X		
BOILER		X		FLUE BREACHING	250 L.F.	X		
BOILER		X		BOILER GASKE ON TWO BOILERS	84 L.F.	X		

Name of Registered Waste Hauler  
 NEWARK CARTING, INC.

NJDEP Waste Hauler ID No.  
 4509

Cubic Yards of Waste  
 N/A

Name of Registered Landfill  
 GROWS, INC.

City, State  
 NEWARK, NJ.

Disposal Date  
 N/A

City, State  
 MORRISVILLE, PA.

Completed by  
 DAVID T. TOLCHIN

Title  
 PRES.

Signature  
 David T. Tolch

Date  
 12.07.12

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

2012 DEC 10 PM 3:05

Date of Notification (1) <u>11</u> / <u>21</u> / <u>12</u>		Name of Building Owner/Operator (2) <b>Ullman Family Partnership</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address <b>3900 Millenia Blvd.</b> City, State, Zip Code <b>Orlando, FL 32839</b> Name of Contact <b>Thomas Bauer</b>							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former State Farm 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 & commercial buildings, homes, etc.)							
Street Address <b>1750 Route 23</b>		Square Feet <b>100,000</b>	# of Floors <b>1</b>						
City (5) <b>Wayne</b>		Bldg. Age <b>40+</b>							
County (6) <b>Passaic</b>		Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>R.A. West Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>							
Street Address <b>2865 South Eagle Road #359</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Newtown, PA 18940</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Bob West</b>		Telephone No. <b>215-860-5026</b>	Telephone No. <b>215-739-8166</b>						
Start Date (10) <u>12</u> / <u>06</u> / <u>12</u>		License No. <b>00646</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>						
Scheduled Completion Date (11) <u>01</u> / <u>27</u> / <u>13</u>		Street Address							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM - <u>5</u> PM / <u>      </u> PM - <u>      </u> AM		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> <math>\geq 3</math> sf or <math>> 3</math> lf <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	Enclose
Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Floor Mastic	61,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Sills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Window Sills	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Breeching	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Gasket on two boilers	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>		Cubic Yards of Waste <b>n/a</b>	Name of Registered Landfill <b>Minerva</b>				
City, State <b>Philadelphia, PA 19124</b>		Disposal Date <b>n/a</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles Imbimbo</b>		Title <b>Project Manager</b>		Signature			Date		

\* Emergency

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

RECEIVED 2881  
2012 DEC 10 PM 2:52

Date of Notification (1)  
12/5/12

Name of Building Owner/Operator (2)  
Joe Mancini /Residence

Street Address  
4 East 10 Street

City, State, Zip Code  
Beach Haven NJ 08008

Name of Contact  
Joe

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #
<input type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Joe Mancini /Residence

Street Address  
4 East 10 Street

City (5)  
Beach Haven NJ 08008

County (6)  
Ocean

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
1000+

# of Floors  
2

Bldg. Age  
35+

Current Use (Prior if being demolished)  
Residence

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

ASCM No.

Name of Abatement Contractor (9)  
Pernaco Inc

Street Address  
PO Box 329

City, State, Zip Code  
West Berlin NJ 08091

Telephone No.  
856-753-9800

License No.  
00727

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)  
12/6/12

Scheduled Completion Date (11)  
12/10/12

Name of OSHA Monitor  
Same

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement  
Abatement Performed Outside of Normal Facility Hours

Other - Describe:

Scope of Work (Check All That Apply)

$\geq 3$  sf or  $\geq 3$  lf

$\geq 160$  sf or  $\geq 260$  lf

Renovation

Demolition

Full Containment with Negative Pressure

Mini-Enclosure

Glovebag Procedure

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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
Ext transite bottom of house			x	Ext transite	800 SF	x			

Name of Registered Waste Hauler  
United Containers

NJDEP Waste Hauler ID No.  
22459

Cubic Yards of Waste  
3

Name of Registered Landfill  
G.R.O.W.S.

City, State  
Elm NJ

Disposal Date  
12/10/12

City, State  
Morrisville PA 19067

Completed by  
Anthony T Perna

Title  
President

Signature

Date  
12/5/12

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

\* Emerg

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

Ch 2882  
RECEIVED

Date of Notification (1) 12/5/12		Name of Building Owner/Operator (2) Joe Mancini /Residence		2012 DEC 10 PM 2:52								
Agencies Notified		Type Notification		Street Address 2 East 10 Street		City, State, Zip Code Beach Haven NJ 08008						
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Joe		Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3)* Joe Mancini /Residence				Type of Facility (4)								
Street Address 2 East 10 Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Bldg. Age 35+						
City (5) Beach Haven NJ 08008		County Code (7) (STATE USE ONLY)		Square Feet 1000+		# of Floors 2						
County (6) Ocean		Current Use (Prior if being demolished) Residence		Name of Abatement Contractor (9) Pernaco Inc								
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Street Address PO Box 329							
Street Address			City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800		License No. 00727					
Project Manager for Monitoring Firm			Telephone No.		Name of OSHA Monitor Same							
Start Date (10) 12/6/12		Scheduled Completion Date (11) 12/10/12		Street Address								
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:												
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Ext transite Siding				x	Ext transite Siding		3000 SF		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 12/10/12		City, State Morrisville PA 19067								
Completed by Anthony T Perna			Title President		Signature 			Date 12/5/12				

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



APPROVED  
 N.J. Dept of Health & Senior Services  
 Paul C. Powers  
 (signature)  
 Date: 12/5/12 Time: 8:52 AM

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

RECEIVED  
 Check # 18036  
 2012 DEC 10 PM 2:51

Date of Notification (1) 12/5/12		Name of Building Owner/Operator (2) AFFILIATED MANAGEMENT		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 201 S. LIVINGSTON AVE			
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact RICH J		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NEW MILFORD VILLAGE			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 9770 RIVER ROAD			Square Feet 8,000	# of Floors 2	Bldg. Age 60
City (5) NEW MILFORD			Current Use (Prior if being demolished) APT		
County (6) BERGEN		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address				Street Address 105 Lowell Road	
City, State, Zip Code				City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 12/5/12		Scheduled Completion Date (11) 12/6/12		License No. 00156	
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 Omega Environmental Services Inc.		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥100 sf or ≥260 lf			<input 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) CRAWL SPACE		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) PIPE	
				Amount (Specify SF or LF) 185 LF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State Riverdale, New Jersey 07457		Disposal Date 12/5/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		City, State Bethlehem, PA 18015	
		Signature R.M. McDonald		Date 12/5/12	

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

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

RECEIVED

2012 DEC 10 PM 2:49

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>December 5, 2012</b>		Job #:	Name of Building Owner/Operator (2) <b>Delaware Rover Port Authority</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment# <b>01</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>P.O. Box 4262</b>	
			City, State, Zip Code <b>Lindenwold, NJ 08021</b>	
			Name of Contact <b>Brian MacGregor</b>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Port Authority Transite Corporation</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>Carlton Avenue, Bldg. #1 (Administration Building)</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>	Bldg. Age <b>40 years</b>
City (5) <b>Lindenwold</b>	County (6) <b>Camden County</b>	County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished) Commercial

Name of Monitoring Firm Hired by Building Owner (8) <b>Accredited Environmental Technologies, Inc.</b>		ASCM No. <b>107</b>	Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>	
Street Address <b>28 N. Pennell Road</b>		Street Address <b>4343 'G' Street</b>		
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>		
Project Manager for Monitoring Firm <b>Harris Brody</b>	Telephone Number <b>610-891-0114</b>	Telephone Number <b>215-533-3503</b>	License Number <b>00858</b>	

Scheduled Start Date (10) <b>December 14, 2012</b>	Scheduled Completion (11) <b>December 24, 2012</b>	Name of OSHA Monitor <b>Accredited Environmental Technologies, 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>28 N. Pennell Road</b>		
		City, State, Zip Code <b>Media, PA 19062</b>		

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Room #B-212 / 2 <sup>nd</sup> Floor			x	VAT & Mastic	532 SF	X			
GM's Secretary Area			x	VAT & Mastic	140 SF	X			

Name of Reg. Waste Hauler <b>The Prime Group Remediation</b>		NJDEP Waste Hauler ID #	Cubic Yards of Waste <b>3</b>	Name of Reg. Landfill <b>Minerva (DEP #15-1292)</b>	
City, State <b>Philadelphia, PA</b>		Disposal Date <b>12/28/12</b>		City, State <b>Waynesburg OH</b>	
Completed by <b>Vincent Primavera</b>	Title <b>Project Manager</b>	Signature 			Date <b>November 27, 2012</b>

MO 19499 500563

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

**EMERGENCY**  
2012 DEC 10 PM 2:48  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/30/2012		Name of Building Owner/Operator (2) Sara Goldstein	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 260 Main Street, Apt 211	
		City, State, Zip Code Little Falls, NJ 07424	
		Name of Contact Sara Goldstein	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) house		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 70 Essex Street		Square Feet N/A	# of Floors N/A
City (5) Glen Ridge		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
			License No. 00675
Start Date (10) 12/03/2012	Scheduled Completion Date (11) 12/04/2012	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	40 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ 07512		Disposal Date TBD		City, State Tullytown, PA	
Completed by Susan Brkusanin		Title Project Manager	Signature 		Date 11/30/2012

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

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 17:27)

**EMERGENCY**

**REMEMBER - MAIL IN HARD COPY**

**Agencies Notified**

EPA  
 DEP  
 DCL

COM  
 DCA

**Type Notification**

Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (Including justification)  
 Cancellation

**Name of Building Owner/Operator (2)**  
 Sara Goldstein

**Street Address**  
 260 Main Street, Apt 211

**City, State, Zip Code**  
 Little Falls, NJ 07424

**Name of Contact**  
 Sara Goldstein

**Telephone Number**

2012 DEC 10 PM 12:48  
 NOV 30 2012  
 HAN  
 ASBESTOS WASTE APPROVED & LICENSED

**Name of Facility Where Abatement is Taking Place (3)**  
 house

**Street Address**  
 70 Essex Street

**City (5)**  
 Glen Ridge

**County (6)**  
 Essex

**County Code (7) (STATE USE ONLY)**

**Type of Facility (4)**

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

**Square Feet**  
 N/A

**# of Floors**  
 N/A

**Bldg. Age**  
 N/A

**Current Use (Prior if being demolished)**  
 house

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

**ASCM No**

**Name of Abatement Contractor (9)**  
 D&S Abatement, Inc.

**Street Address**  
 11 Rosengren Avenue

**City, State, Zip Code**  
 Totowa, NJ 07512

**Telephone No**  
 973-345-8685

**License No**  
 00675

**Start Date (10)**  
 12/03/2012

**Scheduled Completion Date (11)**  
 12/04/2012

**Name of OSHA Monitor**  
 D&S Abatement, Inc.

**Street Address**  
 11 Rosengren Avenue

**City, State, Zip Code**  
 Totowa, NJ 07512

**Occupancy Status During Abatement (Check Only One)**

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

**Scope of Work (Check All That Apply)**

≥3 sf or ≥3 lf  
 ≥180 sf or ≥260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	40 LF	X			

**Name of Registered Waste Hauler**  
 D&S Abatement, Inc

**NJDEP Waste Hauler ID No**  
 20998

**Cubic Yards of Waste**  
 TBD

**Name of Registered Landfill**  
 Waste Management of PA

**City, State**  
 Totowa, NJ 07512

**Disposal Date**  
 TBD

**City, State**  
 Tullytown, PA

**Completed by**  
 Susan Brkusanin

**Title**  
 Project Manager

**Signature**

**Date**  
 11/30/2012

ASB-41 (R-08-08)

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

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

RECEIVED

2012 DEC 10 PM 2:45

ASBESTOS CONTROL & LICENSING

CK 51526 058-5

Date of Notification (1) 12/03/12		Name of Building Owner/Operator (2) Peter Pizzi	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Johnson Drive	
		City, State, Zip Code New Providence, NJ 07974	
		Name of Contact Peter Pizzi	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) house		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 55 Woodland Ave		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Summit	County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675

Start Date (10) 12/14/12	Scheduled Completion Date (11) 12/15/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

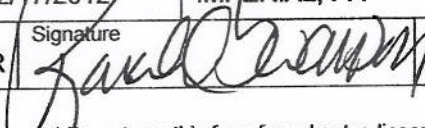
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		floor tile & mastic	900 SF	X			
3rd floor		X		floor tile	120 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA
Completed by Deanna Brkusani	Title Project Manager	Signature 	Date 12/03/12

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

Check #  
 RECEIVED H932

Date of Notification (1) 12/04/2012		Name of Building Owner/Operator (2) MAUREEN MCPHERSON		2012 DEC 10 PM 2:44				
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 825 WEST SHORE DRIVE		ASBESTOS CONTROL & LICENSING			
			City, State, Zip Code BRIGANTINE, NJ 08203					
		Name of Contact MAUREEN		Telephone Number				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 825 WEST SHORE DRIVE			Square Feet 1584	# of Floors 2	Bldg. Age 39			
City (5) BRIGANTINE		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL				
County (6) ATLANTIC								
Name of Monitoring Firm Hired by Building Owner (8) SEM		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1634 SOUTH DELAWARE STREET		Street Address 570 CLEMS RUN						
City, State, Zip Code PAULSBORO, NJ 08066		City, State, Zip Code MULLICA HILL, NJ 08062						
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 12/06/2012		Scheduled Completion Date (11) 12/15/2012		Name of OSHA Monitor				
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 checked="" type="checkbox"/> Other - Describe: EMERGENCY DISASTER AREA PROPERTY			Street Address					
			City, State, Zip Code					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
FIRST FLOOR (FLOOD CUT)			X SHEETROCK	516 SF	X			
FIRST FLOOR			X FLOOR TILE	340 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill ALLIED IMPERIAL LANDFILL				
City, State HAZLETON, PA		Disposal Date 12/17/2012		City, State IMPERIAL, PA				
Completed by RON SWANSON		Title PROJECT COORDINATOR	Signature 		Date 12/04/2012			

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

Date of Notification (1) <b>12-5-12</b>		Name of Building Owner/Operator (2) <b>Don Boyce</b>	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA		Street Address <b>74 Willet St.</b>	
Type Notification [X] Initial Notification [ ] Amended Notification [X] EMERGENCY [ ] Cancellation		City, State, Zip Code <b>Bloomfield, NJ, 07003</b>	
		Name of Contact <b>Don Boyce</b>	Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>74 Willet St.</b>			Square Feet <b>1600</b>	# of Floors <b>3</b>	Bldg. Age <b>68</b>
City (5) <b>Bloomfield</b>		County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)		
Current Use (Prior if being demolished)					

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address		Street Address <b>86 Christopher St.</b>			
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>			
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>12/6/12</b>		Sched. Completion Date (11) <b>12/7/12</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ] Other - Describe: «Other Occupancy Descript»		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

[X] >3 sf or >=3 lf  
[ ] >160 sf or >=260 lf

[X] Renovation  
[ ] Demolition

[X] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[X] Glovebag Procedure  
[ ] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	M	O	V	A			
Basement			X	Boiler Insulation	20 SF	X								
Basement			X	Pipe Insulation	85 LF									

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>12/10/12</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>Constantine Vivian</i>		Date <b>12/5/12</b>

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

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*No check*

Date of Notification (1) 11/29/2012		Name of Building Owner/Operator (2) Township of Livingston							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 333-357 South Livingston Avenue							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center		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 26 Monmouth Court		Square Feet	# of Floors						
City (5) Livingston		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Community Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave							
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 609-392-4200	Telephone No. 973-243-9872						
		License No. 01171							
Start Date (10) 12/03/2012	Scheduled Completion Date (11) 12/07/2012		Name of OSHA Monitor Long Island Analytical						
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>open during business hours 8:00-4:00pm</u>		Street Address 110 Colin Drive							
		City, State, Zip Code Holobrook NY 11741							
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 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
2nd Floor Stair 204		x		VAT & Mastic	237sf	x			
2nd Floor Room 201		x		VAT & Mastic	240sf	x			
2nd Floor Room 203		x		VAT & Mastic	25sf	x			
2nd Floor Room 214		x		VAT & Mastic	60sf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ		Disposal Date		City, State Morrisville PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>		Date 11/29/2012			

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

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Date of Notification (1) 11/29/2012		CONTINUATION SHEET #1		Name of Building Owner/Operator (2) Township of Livingston								
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue								
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended Amendment # 2		City, State, Zip Code Livingston, NJ 07039								
<input type="checkbox"/> DEP	<input type="checkbox"/> Emergency (including justification)	<input type="checkbox"/> Cancellation		Name of Contact								
<input checked="" type="checkbox"/> DOL				Telephone Number								
<input checked="" type="checkbox"/> DOH												
<input type="checkbox"/> DCA												
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center			Type of Facility (4)									
Street Address 26 Monmouth Court			<input type="checkbox"/> School (K-12)									
City (5) Livingston			<input type="checkbox"/> Subchapter 8 (Other than K-12)									
County (6) Essex			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation	Square Feet	# of Floors							
Street Address 120 N. Warren Street		City, State, Zip Code Trenton NJ 08608	Current Use (Prior if being demolished) Community Center	Bldg. Age								
Project Manager for Monitoring Firm		Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171								
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/07/2012		Name of OSHA Monitor Long Island Analytical								
Occupancy Status During Abatement (Check Only One)			Street Address 110 Colin Drive									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Holbrook NY 11741									
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours												
Other - Describe: open during business hours 8:00-4:00pm												
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure								
				<input type="checkbox"/> Glovebag Procedure								
				<input 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
2nd Floor Room 217			x		VAT & Mastic		60sf	x				
2nd Floor Room 219			x		VAT & Mastic		414sf	x				
2nd Floor Corridor 200			x		VAT & Mastic		530sf	x				
2nd Floor Room 215			x		VAT & Mastic		81sf	x				
Name of Registered Waste Hauler Circle Rubbish			NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste		Name of Registered Landfill Tullytown Resource Facility					
City, State Linden NJ			Disposal Date		City, State Morrisville PA							
Completed by Slawomir Kielczewski			Title President		Signature <i>Kielczewski</i>		Date 11/29/2012					

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

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Date of Notification (1) 11/29/2012		CONTINUATION SHEET #2		Name of Building Owner/Operator (2) Township of Livingston							
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue							
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	City, State, Zip Code Livingston, NJ 07039							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DCA	Amendment # 2		Name of Contact							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> DCA	Emergency (including justification)		Telephone Number							
<input type="checkbox"/> DCA	<input type="checkbox"/> DCA	Cancellation									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center			Type of Facility (4)								
Street Address 26 Monmouth Court			<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) Livingston		Square Feet	# of Floors	Bldg. Age							
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation								
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave									
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052									
Project Manager for Monitoring Firm		Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171							
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/07/2012		Name of OSHA Monitor Long Island Analytical							
Occupancy Status During Abatement (Check Only One)			Street Address 110 Colin Drive								
<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: open during business hours 8:00-4:00pm			City, State, Zip Code Holobrook NY 11741								
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 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
1st Floor part. of room 103			x		VAT & Mastic	250sf	x				
1st Stair 104			x		VAT & Mastic	237sf	x				
Part of corridor 112			x		VAT & Mastic	125sf	x				
1st Fl Stairwell smoke doors			x		lining/ caulking	96sf	x				
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste		Name of Registered Landfill Tullytown Resource Facility					
City, State Linden NJ		Disposal Date		City, State Morrisville PA							
Completed by Slawomir Kielczewski		Title President		Signature <i>Kielczewski</i>				Date 11/29/2012			

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

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Date of Notification (1) 11/29/2012		CONTINUATION SHEET #3		Name of Building Owner/Operator (2) Township of Livingston					
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue					
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amended		City, State, Zip Code Livingston, NJ 07039					
<input type="checkbox"/> DEP	Amendment # 2		<input type="checkbox"/> Emergency (including justification)		Telephone Number				
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		Name of Contact						
<input checked="" type="checkbox"/> DOH									
<input type="checkbox"/> DCA									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center			Type of Facility (4)						
Street Address 26 Monmouth Court			<input type="checkbox"/> School (K-12)						
City (5) Livingston			<input type="checkbox"/> Subchapter 8 (Other than K-12)						
County (6) Essex			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave							
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171					
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/07/2012		Name of OSHA Monitor Long Island Analytical					
Occupancy Status During Abatement (Check Only One)			Street Address 110 Colin Drive						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Holobrook NY 11741						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: open during business hours 8:00-4:00pm									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input 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
1st Floor Gymnasium Room 110			x	wire insulation	361lf	x			
1st Floor Room 103			x	chalkboard mastic	150sf	x			
1st Floor Room 103			x	wood paneling mastic	1,700sf	x			
2nd Fl hallway smoke doors			x	lining/caulking	96sf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ		Disposal Date		City, State Morrisville PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Kielczewski</i>		Date 11/29/2012			

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

2012 DEC 10 PM 2:33

Date of Notification (1) 11/29/2012		CONTINUATION SHEET #4		Name of Building Owner/Operator (2) Township of Livingston					
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue					
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	City, State, Zip Code Livingston, NJ 07039					
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Amendment # 2	<input type="checkbox"/> Emergency (including justification)	Name of Contact					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				Type of Facility (4)					
Street Address 26 Monmouth Court				<input type="checkbox"/> School (K-12)					
City (5) Livingston				<input type="checkbox"/> Subchapter 8 (Other than K-12)					
County (6) Essex				<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center		Square Feet	# of Floors				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.		Name of Abatement Contractor (9) Kielczewski Corporation					
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave		City, State, Zip Code West Orange NJ 07052					
City, State, Zip Code Trenton NJ 08608		Telephone No. 609-392-4200		Telephone No. 973-243-9872					
Project Manager for Monitoring Firm		License No. 01171		Name of OSHA Monitor Long Island Analytical					
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/07/2012		Street Address 110 Colin Drive					
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code Holbrook NY 11741					
<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: open during business hours 8:00-4:00pm									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input 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
Exterior doors			x	door caulk	3001f	x			
Exterior windows Room 103			x	window caulk		x			
						x			
						x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste		Name of Registered Landfill Tullytown Resource Facility			
City, State Linden NJ		Disposal Date		City, State Morrisville PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>		Date 11/29/2012			

ASBESTOS CONTROL & LICENSING

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

# AMENDMENT #1

PHILIPPA

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

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2012 DEC 10 PM 2:35

Date of Notification (1) 10/29/2012		Name of Building Owner/Operator (2) Township of Livingston	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 333-357 South Livingston Avenue	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact	Telephone Number

ASBESTOS CONTROL & LICENSING

<b>FACILITY INFORMATION</b>	
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center	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 26 Monmouth Court	Square Feet      # of Floors      Bldg. Age
City (5) Livingston	Current Use (Prior if being demolished) Community Center
County (6) Essex	County Code (7) (STATE USE ONLY) _____

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.	ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation	
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave	
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052	
Project Manager for Monitoring Firm	Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171

Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) <u>12/28/2012</u>	Name of OSHA Monitor Long Island Analytical	
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>open during business hours 8:00-4:00pm</u>		Street Address 110 Colin Drive	
		City, State, Zip Code Holbrook NY 11741	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
2nd Floor Stair 204		x		VAT & Mastic	237sf	x			
2nd Floor Room 201		x		VAT & Mastic	240sf	x			
2nd Floor Room 203		x		VAT & Mastic	25sf	x			
2nd Floor Room 214		x		VAT & Mastic	60sf	x			

Name of Registered Waste Hauler Circle Rubbish	NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility
City, State Linden NJ	Disposal Date	City, State Morrisville PA	
Completed by Slawomir Kielczewski	Title President	Signature <i>Kielczewski</i>	Date 11/07/2012

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

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

2012 DEC 10 PM 2:35

Date of Notification (1) 10/29/2012		CONTINUATION SHEET #1		Name of Building Owner/Operator (2) Township of Livingston					
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue					
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amended		City, State, Zip Code Livingston, NJ 07039					
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment # <u>1</u>		<input type="checkbox"/> Emergency (including justification)		Telephone Number				
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		Name of Contact						
<input checked="" type="checkbox"/> DOH	FACILITY INFORMATION								
<input type="checkbox"/> DCA									
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center			Type of Facility (4)						
Street Address 26 Monmouth Court			<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) Livingston		Square Feet	# of Floors	Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Community Center						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave							
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171					
Start Date (10) <u>ON HOLD</u>		Scheduled Completion Date (11) <u>12/28/2012</u>		Name of OSHA Monitor Long Island Analytical					
Occupancy Status During Abatement (Check Only One)			Street Address 110 Colin Drive						
<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>open during business hours 8:00-4:00pm</u>			City, State, Zip Code Holbrook NY 11741						
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 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
2nd Floor Room 217		x		VAT & Mastic	60sf	x			
2nd Floor Room 219		x		VAT & Mastic	414sf	x			
2nd Floor Corridor 200		x		VAT & Mastic	530sf	x			
2nd Floor Room 215		x		VAT & Mastic	81sf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ		Disposal Date		City, State Morrisville PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>		Date 11/07/2012			

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

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

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Date of Notification (1) 10/29/2012		CONTINUATION SHEET #2		Name of Building Owner/Operator (2) Township of Livingston							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 333-357 South Livingston Avenue							
				City, State, Zip Code Livingston, NJ 07039							
				Name of Contact							
				Telephone Number							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				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 26 Monmouth Court				Square Feet							
City (5) Livingston				# of Floors							
County (6) Essex				Bldg. Age							
County Code (7) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.		Name of Abatement Contractor (9) Kielczewski Corporation							
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave		City, State, Zip Code West Orange NJ 07052							
City, State, Zip Code Trenton NJ 08608		Telephone No. 609-392-4200		Telephone No. 973-243-9872							
Project Manager for Monitoring Firm		License No. 01171									
Start Date (10) <u>ON HOLD</u>		Scheduled Completion Date (11) <u>12/28/2012</u>		Name of OSHA Monitor Long Island Analytical							
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>open during business hours 8:00-4:00pm</u>				Street Address 110 Colin Drive							
				City, State, Zip Code Holbrook NY 11741							
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 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
1st Floor part of room 103			x		VAT & Mastic		250sf	x			
1st Stair 104			x		VAT & Mastic		237sf	x			
Part of corridor 112			x		VAT & Mastic		125sf	x			
1st Fl Stairwell smoke doors			x		lining/ caulking		96sf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste		Name of Registered Landfill Tullytown Resource Facility					
City, State Linden NJ		Disposal Date		City, State Morrisville PA							
Completed by Slawomir Kielczewski		Title President		Signature <i>Kielczewski</i>		Date 11/07/2012					

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

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

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2012 DEC 10 PM 2:35

Date of Notification (1) 10/29/2012		CONTINUATION SHEET #3		Name of Building Owner/Operator (2) Township of Livingston	
Agencies Notified		Type Notification		Street Address 333 357 South Livingston Avenue	
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	City, State, Zip Code Livingston, NJ 07039	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> DOH	<input type="checkbox"/> Amendment # 1	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation			Telephone Number	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center		Type of Facility (4)	
Street Address 26 Monmouth Court		<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) Livingston	Square Feet	# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Community Center	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.	ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation	
Street Address 120 N. Warren Street	Street Address 235 Watchung Ave		
City, State, Zip Code Trenton NJ 08608	City, State, Zip Code West Orange NJ 07052		
Project Manager for Monitoring Firm	Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171

Start Date (10) <b>ON HOLD</b>	Scheduled Completion Date (11) <b>12/28/2012</b>	Name of OSHA Monitor Long Island Analytical
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Occupancy Status During Abatement (Check Only One)	Street Address 110 Colin Drive
<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>open during business hours 8:00-4:00pm</u>	City, State, Zip Code Holbrook NY 11741

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Gymnasium Room 110		x		wire insulation	361f	x			
1st Floor Room 103		x		chalkboard mastic	150sf	x			
1st Floor Room 103		x		wood paneling mastic	1,700sf	x			
2nd Fl hallway smoke doors		x		lining/caulking	96sf	x			

Name of Registered Waste Hauler Circle Rubbish	NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility
City, State Linden NJ	Disposal Date	City, State Morrisville PA	
Completed by Slawomir Kielczewski	Title President	Signature <i>Kielczewski</i>	Date 11/07/2012



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

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/29/2012		CONTINUATION SHEET #4		Name of Building Owner/Operator (2) Township of Livingston							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 333-357 South Livingston Avenue							
				City, State, Zip Code Livingston, NJ 07039							
				Name of Contact							
				Telephone Number							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				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 26 Monmouth Court				Square Feet							
City (5) Livingston				# of Floors							
County (6) Essex				Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.		Name of Abatement Contractor (9) Kielczewski Corporation							
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave									
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052									
Project Manager for Monitoring Firm		Telephone No. 609-392-4200		License No. 01171							
Start Date (10) <b>ON HOLD</b>		Scheduled Completion Date (11) <b>12/28/2012</b>		Name of OSHA Monitor Long Island Analytical							
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>open during business hours 8:00-4:00pm</u>				Street Address 110 Colin Drive							
				City, State, Zip Code Holobrook NY 11741							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure							
				<input type="checkbox"/> Glovebag Procedure							
				<input 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
Exterior doors			x		doors caulk	300lf	x				
Exterior windows Room 103			x		window caulk	100lf	x				
							x				
							x				
Name of Registered Waste Hauler Circle Rubbish			NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste		Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ			Disposal Date		City, State Morrisville PA						
Completed by Slawomir Kielczewski			Title President		Signature <i>Kielczewski</i>			Date 11/07/2012			

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

Date of Notification (1) 12/5/2012		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 940 Park Avenue
			City, State, Zip Code Lakewood, New Jersey 08701
		Name of Contact Irving Perlstein	Telephone Number _____

**RECEIVED**  
*CL 20781*  
**2012 DEC 10 PM 2:31**  
**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 19 Spruce Street			Square feet 1500 sf	# of Floors 1	Bldg. Age 60
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 12/5/12	Scheduled Completion Date (11) 12/6/12		Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	700 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/7/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature <i>Nicholas Femicola</i>	Date 12/5/2012

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

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

APPROVED: NJ DOH (12/4/12)

REC # 5381

Date of Notification (1) <b>12/4/12</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b> <b>2012 DEC 10 PM 2:29</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 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1490 Prospect Street</b>	
		City, State & Zip Code <b>Trenton, NJ 08638</b>	
		Name of Contact <b>Mr. Everett O. Collins</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>TPS Trenton Maintenance Building</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>1490 Prospect Street</b>			Square Feet <b>3000</b>	# of Floors <b>1</b>	Bldg. Age <b>60+</b>
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Maintenance Building</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>12/4/12</b>	Scheduled Completion Date (11) <b>12/5/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>4:00 PM – 12:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental, Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>GROWS North Landfill</b>
City, State <b>Bristol, PA</b>		Disposal Date	City, State <b>Morrisville, PA</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>
			Date <b>12/4/12</b>

No check

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

2012 DEC 10 PM 2:28

Date of Notification (1) 12/3/12		Name of Building Owner/Operator (2) Port Authority of NJ & NY	
Agency Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> 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 90 Moonachie Ave
			City, State, Zip Code Moonachie, NJ
			Name of Contact Joe Colindres
			Telephone Number

**ASBESTOS CONTROL & LICENSING**

<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) Teterboro Airport		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,
Street Address 90 Moonachie Avenue		Square Feet 140,000
City (5) Teterboro, NJ 07608		# of Floors 1
County (6) Bergen		Bldg. Age 52
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NJ & NY	ASCM No.	Name of Abatement Contractor (9) DSA Services, Inc.
Street Address		Street Address 800 East Elizabeth Avenue
City, State, Zip Code		City, State, Zip Code Linden, New Jersey 07036
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-925-5855
		License No. 00843
Start Date (10) 12/13/2012	Scheduled Completion Date (11) 12/3/13	Name of OSHA Monitor DSA Services, Inc.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 800 East Elizabeth Avenue
		City, State, Zip Code Linden, New Jersey 07036

Scope of Work (Check all that apply)

<input type="checkbox"/> $\mu$ 3 sf or $\mu$ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\mu$ 160 sf or $\mu$ 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

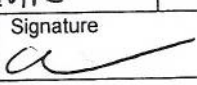
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or 1.F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Flashing Perimeter			x	Roof Flashing	3513 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitch Pocket			x	Roof Flashing	782 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duct Flashing			x	Roof Flashing	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misc Flashing			x	Roof Flashing	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Global Waste Industries Inc	NJDEP Waste Hauler ID No. NJ-868	Cubic Yards of Waste 80	Name of Registered Landfill 110 Sand Company
City, State Hackettstown, NJ	Disposal Date TBA	City, State Long Island City, NY	Case # 12312
Completed by Dario Frassetto	Title Asbestos Manager	Signature 	Date 12/3/12

\* Emergency \*

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

ACK 2880  
 RECEIVED

Date of Notification (1) 12/5/12		Name of Building Owner/Operator (2) Sue Sproule /Residence								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 262 10 St City, State, Zip Code Surf City NJ 08008 Name of Contact Sue							
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Sue Sproule /Residence									
	Street Address 262 10 St City (5) Surf City NJ 08008 County (6) Ocean		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 1000+ # of Floors 1.5 Bldg. Age 35+ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 License No. 00727							
Start Date (10) 12/6/12		Scheduled Completion Date (11) 12/10/12								
Name of OSHA Monitor Same		Street Address City, State, Zip Code								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:										
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes No N/A					Removal Repair Encapsulate Enclosure				
Ext transite roof			x	Ext transite roof	1000 Sf	x				
Ext transite Siding			x	Ext transite Siding	700 SF	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. City, State Morrisville PA 19067						
City, State Elm NJ		Disposal Date 12/10/12		Signature 		Date 12/5/12				
Completed by Anthony T Perna		Title President								

\* Emergency \*

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

CK-2879  
RECEIVED

Date of Notification (1) 12/5/12		Name of Building Owner/Operator (2) Anthony Rossi /Residence								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 27 West Navasink Dr								
		City, State, Zip Code Little Egg Harbor NJ 08087								
		Name of Contact Anthony								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Anthony Rossi /Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 27 West Navasink Dr		Square Feet 1000+	# of Floors 1							
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 12/6/12	Scheduled Completion Date (11) 12/10/12	Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Ext transite Siding			x	Ext transite Siding	700 SF	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 12/10/12		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President		Signature 			Date 12/5/12			

2012 DEC 10 PM 2:20

ASBESTOS CONTROL & LI...

CK  
804558

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:25-2.12)

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 12/5/2012		Name of Public Owner/Operator (2) Paulsboro Refining Company	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification - Emergency <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		Street Address 800 Billingsport Rd	
City (4) Paulsboro		County (6) Gloucester	
County Code (7) (State Use Only)		City, State, Zip Code Paulsboro, NJ 08066	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Konny Atlantic Industrial Services LLC	
Project Manager for Monitoring Firm		Telephone Number	
Scheduled Start Date (10) 12/5/12		Scheduled Completion Date (11) 12/5/12	
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 - Other - Describe - Removal within restricted work area in outside areas		Name of OSHA Monitor Konny Atlantic Industrial Services, LLC	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25-160 SF or >10-280 LF ACM) <input checked="" type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure		Street Address 800 Billingsport Rd	
Location of Asbestos-Containing Material (ACM) in Facility (13)		City, State, Zip Code Paulsboro NJ 08066	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (Lo thermal systems insulation, surfacing, VAT, or other mlec)	
Pump Pad in Front of Tank #5		Amount (Specify SF or LF) <10 LF	
Name of Reg. Waste Hauler Waste Management Inc.		NJDWP Waste Hauler ID # 17273	
City, State South Harrison, NJ		Cubic Yards of Waste < 1 CY	
Completed by (Print or Type) ANDREW GREEN		Title MANAGER - KENNY ATLANTIC	
Signature <i>Andy Green</i>		Date 12/5/2012	
Site Operations Supervisor		Name of Reg. Landfill Gloucester County Landfill	
Disp. Date Various		City, State South Harrison, NJ	

PM 2:09 - 10 DAY

US CONTROL  
DEC-5 2012

WAIVER APPROVED

Mail to NJDEP-DSHW-BRR'P  
401 E. State St., PO 414  
Trenton, NJ 08628-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/10/00

CK 12801

Waiver Request Attached

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

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2012 DEC 10 PM 2:18

ASBESTOS CONTROL & LICENSING

Date of Notification (1) DECEMBER 6, 2012		Name of Building Owner/Operator (2) HOWELL BLOCK 114 DEVELOPMENT, LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3 CENTRE DRIVE City, State, Zip Code MONROE TOWNSHIP, NJ 08831 Name of Contact JAIME LOPEZ Telephone Number _____							
	<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORMER TIMEX BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address ROUTE 9 SOUTH		Square Feet 75,000 SF	# of Floors 1							
City (5) HOWELL		Bldg. Age 75 YRS								
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) WAREHOUSE								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) FINISHING TOUCH ASBESTOS ABATEMENT							
Street Address		Street Address 17 THOMPSON STREET								
City, State, Zip Code		City, State, Zip Code WEST LONG BRANCH, NJ 07764								
Project Manager for Monitoring Firm		Telephone No. 732-222-8372	License No. 00040							
Start Date (10) DECEMBER 10, 2012	Scheduled Completion Date (11) DEC. 24, 2012	Name of OSHA Monitor N/A								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
ROOF AND DEBRIS			X	ROOFING, FLASHING & DEBRIS	50,000 SF	X				
Name of Registered Waste Hauler SAKOUTIS BROS. DISOPOSAL		NJDEP Waste Hauler ID No. 21243	Cubic Yards of Waste 375 CU CY	Name of Registered Landfill GROWS NORTH LANDFILL						
City, State COLTS NECK, NJ		Disposal Date 12/26/12		City, State MORRISVILLE, PA						
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 12/6/12			



CK 4411

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

RECEIVED

Date of Notification (1) 12/05/2012		Name of Building Owner/Operator (2) Carlstadt-East Rutherford Regional H.S. District								
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 Paterson Ave.								
		City, State, Zip Code East Rutherford, NJ 07073								
		Name of Contact Nick Annitti								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) HP Becton High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 120 Paterson Ave.		Square Feet	# of Floors							
City (5) East Rutherford		Bldg. Age								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.							
Street Address 307 N. Walnut Street		Street Address 208 Piaget Ave.								
City, State, Zip Code Westchester, PA 19380		City, State, Zip Code Clifton, NJ 07011								
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 484-894-4841	Telephone No. 973-253-8828							
		License No. 00704								
Start Date (10) 12/07/2012	Scheduled Completion Date (11) 12/10/2012	Name of OSHA Monitor VMC Co. Inc.								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>		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 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 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	
Music Room		X		Pipe Fittings "wrap&cut"	5 LF	X				
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS						
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA						
Completed by Voytek Roszkowski		Title President		Signature <i>Voytek Roszkowski</i>			Date 12/05/2012			

2012 DEC 10 PM 2:05

ASBESTOS CONTROL & LICENSING

Telephone Number

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

RECEIVED CK # 2272

Date of Notification (1) 11/30/12		Name of Building Owner/Operator (2) Morris County		2012 DEC 10 PM 2:04					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Court Street City, State, Zip Code Morristown, NJ 07963 Name of Contact Christopher Walker Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Morris County Courthouse			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 Court Street			Square Feet 50,000+	# of Floors 4	Bldg. Age 50+				
City (5) Morristown		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Courthouse					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 017	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 65 Jackson Drive		Street Address 163 Sargeant Avenue							
City, State, Zip Code Cranford, NJ 07016		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Mr. Kevin Burns		Telephone No. 908-497-8900	Telephone No. 973-689-6281	License No. 01099					
Start Date (10) 12/13/12		Scheduled Completion Date (11) 02/10/13		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied Building			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07081						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground / 1st Floor		x		Ceiling Tile	7,800 SF	x			
		x		Spray-Applied Fireproofing	8,100 SF	x			
		x		Pipe Insulation	1,050 LF	x			
		x		Duct Insulation & 300 SF of VAT	2,550 SF	x			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey				Disposal Date Throughout	City, State Morrisville, Pennsylvania				
Completed by Dimo Golcev			Title General Manger	Signature 	Date 12/05/12				

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

2012 DEC 10 PM 2:24 CK# 2258

Date of Notification (1) 11/30/12		Name of Building Owner/Operator (2) Morris County	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Court Street	
		City, State, Zip Code Morristown, NJ 07963	
		Name of Contact James Abline	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Morris County Courthouse		Type of Facility (4)	
Street Address Washington Street		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Morristown	Square Feet 50,000+	# of Floors 3	Bldg. Age 50+
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse	

Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.	
Street Address 65 Jackson Drive		Street Address 163 Sargeant Avenue		
City, State, Zip Code Cranford, NJ 07016		City, State, Zip Code Clifton, NJ 07013		
Project Manager for Monitoring Firm Mr. Kevin Burns		Telephone No. 908-497-8900	Telephone No. 973-689-6281	License No. 01099

Start Date (10) 12/10/12	Scheduled Completion Date (11) 02/10/13	Name of OSHA Monitor J&S Environmental Laboratories LLC		
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied Building		City, State, Zip Code Union, NJ 07081		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground / 1st Floor		x		Ceiling Tile	7,800 SF	x			
		x		Spray-Applied Fireproofing	8,100 SF	x			
		x		Pipe Insulation	1,050 LF	x			
		x		Duct Insulation & 300 SF of VAT	2,550 SF	x			

Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, New Jersey		Disposal Date Throughout		City, State Morrisville, Pennsylvania	
Completed by Dimo Golcev		Title General Manger	Signature 	Date 11/30/12	

CHECK #  
2545

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

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2012 DEC 10 PM 1:56

Date of Notification (1) <u>12/6/12</u>		Name of Building Owner/Operator (2) <u>EMER TECH CONTRACTING</u>	
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>INGERSFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____

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>4601 ASSUNY AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40 Y</u>	
County (6) <u>CAPE MAY</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.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0422</u>
Start Date (10) <u>12/17/12</u>	Scheduled Completion Date (11) <u>12/24/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <u>369 S. SPRUCE AVE.</u>
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sq ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

- Full Containment with Negative Pressure
- Min. Enclosure
- Glovebag Procedure
- Non-Exempted (\*) and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Remarks
	Yes	No	N/A			
<u>SIPHO PIPE - OUTSIDE</u>				<u>TRANSITE</u>	<u>30 LF FT. X</u>	

Name of Registered Waste Hauler <u>KLEMCO 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>12/6/12</u>

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

CHECK #  
2545

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

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2012 DEC 17 PM 1:57

Date of Notification (1) <u>12/6/12</u>		Name of Building Owner/Operator (2) <u>EARLY TECH CONSULTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08746</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number [REDACTED]

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>4020 CENTRAL AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40 Y</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	

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

Start Date (10) <u>12/17/12</u>	Scheduled Completion Date (11) <u>12/24/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <u>369 S. SPRUCE AVE.</u>
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160 sq ft or 2260 ft		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

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	Encapsulation
<u>SIPROG</u>				<u>TRANSITE</u>	<u>18004</u>		<u>X</u>

Name of Registered Waste Hauler <u>KLEMMCO 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>12/6/12</u>

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

CK  
1059

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

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2012 DEC 10 PM 12:42

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-4-2012		Name of Building Owner/Operator (2) Joseph Pisani Jr.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 River St.							
		City, State, Zip Code Hoboken NJ 07030							
		Name of Contact Joseph Pisani	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 95 River St.		Square Feet 20,000	# of Floors 5						
City (5) Hoboken NJ 07030		Bldg. Age 80+							
County (6) Hudson		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Green environmental Services							
City, State, Zip Code		Street Address 235 Virginia Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City NJ 07304							
Telephone No.		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 12-7-2012	Scheduled Completion Date (11) 12-8-2012	Name of OSHA Monitor Bioterra Solutions							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O.Box 1224							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	460lf	x			
Name of Registered Waste Hauler Tri State Transfer Associate		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 2		Name of Registered Landfill Minerva Enterprises			
City, State Bronx NY		Disposal Date 12-8-2012		City, State Waynesburg Ohio.					
Completed by Tiffany Nunez		Title Office Manager		Signature		Date 12-4-2012			

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

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

553

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2012 DEC 10 PM 12:17

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>December 06, 2012</b>		Name of Building Owner/Operator (2) <b>Jacobus Pharmaceutical Co.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>County Road 683</b>	
		City, State, Zip Code <b>Plainsboro Township, NJ</b>	
		Name of Contact <b>Tom Santoli</b>	Telephone Number 

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Jacobus Pharmaceutical Co.</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>County Road 683</b>		Square Feet	# of Floors
City (5) <b>Plainsboro Township, NJ</b>		Bldg. Age	
County (6) <b>Middlesex</b>	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) <b>Pharmaceutical</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Sabre Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>	
Street Address <b>1015 Zucksville Road</b>		Street Address <b>1500 Kings HWY N, STE 209</b>		
City, State, Zip Code <b>Easton, PA 18040</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>		
Project Manager for Monitoring Firm <b>Brent Altemose, CIH, CSP</b>		Telephone No. <b>866.734.0127</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>

Start Date (10) <b>9/26/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>The MACK Group, 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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>		
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>		

Scope of Work (Check All That Apply)

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


Location of Asbestos-Containing Material (ACM) <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
Maintenance Shop	<input checked="" type="checkbox"/>			asbestos tile & mastic	900sf	<input checked="" type="checkbox"/>			
Bathroom		<input checked="" type="checkbox"/>		-	500sf	<input checked="" type="checkbox"/>			
Vestibule		<input checked="" type="checkbox"/>		-	50sf	<input checked="" type="checkbox"/>			
Penthouse AC-5		<input checked="" type="checkbox"/>		Pipe	80 lf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15.3</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>	City, State <b>Newburg, PA</b>		
Completed by <b>Mike Cooper</b>	Title <b>President</b>	Signature 	Date <b>12/6/12</b>		





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

Date of Notification (1) <b>September 12, 2012</b>		Name of Building Owner/Operator (2) <b>Jacobus Pharmaceutical Co.</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>County Road 683</b>								
		City, State, Zip Code <b>Plainsboro Township, NJ</b>								
		Name of Contact <b>Tom Santoli</b>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Jacobus Pharmaceutical Co.</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>County Road 683</b>		Square Feet	# of Floors							
City (5) <b>Plainsboro Township, NJ</b>		Bldg. Age								
County (6) <b>Middlesex</b>	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) <b>Pharmaceutical</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Sabre Health</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>								
Street Address <b>1015 Zucksville Road</b>		Street Address <b>1500 Kings HWY N, STE 209</b>								
City, State, Zip Code <b>Easton, PA 18040</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>								
Project Manager for Monitoring Firm <b>Brent Altomose, CIH, CSP</b>		Telephone No. <b>866.734.0127</b>	License No. <b>00781</b>							
Start Date (10) <b>9/26/12</b>	Scheduled Completion Date (11) <b>10/26/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>								
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>								
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 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	
Maintenance Shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos tile & mastic	900sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"-	500sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"-	50sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>14.5</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>						
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>10/26/12</b>		City, State <b>Newburg, PA</b>						
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 				Date <b>9/12/12</b>			

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**2012 DEC 10 PM 12:16**  
**ASBESTOS CONTROL & LICENSING**

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

330

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2012 DEC 10 PM 12:16

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) <b>October 03, 2012</b>		Name of Building Owner/Operator (2) <b>Jacobus Pharmaceutical Co.</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u>	<b>County Road 683</b>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Plainsboro Township, NJ</b>	
		Name of Contact <b>Tom Santoli</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Jacobus Pharmaceutical Co.</b>		Type of Facility (4)	
Street Address <b>County Road 683</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>Plainsboro Township, NJ</b>		Square Feet	# of Floors
County (6) <b>Middlesex</b>		Bldg. Age	
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) <b>Pharmaceutical</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Sabre Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>	
Street Address <b>1015 Zuckville Road</b>		Street Address <b>1500 Kings HWY N, STE 209</b>		
City, State, Zip Code <b>Easton, PA 18040</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>		

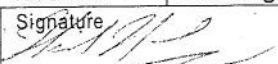
Project Manager for Monitoring Firm <b>Brent Altomose, CIH, CSP</b>		Telephone No. <b>866.734.0127</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>
Start Date (10) <b>9/26/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>	

Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
Other - Describe: _____			

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance Shop	<input checked="" type="checkbox"/>			asbestos tile & mastic	900sf	<input checked="" type="checkbox"/>			
Bathroom		<input checked="" type="checkbox"/>		"-"	500sf	<input checked="" type="checkbox"/>			
Vestibule		<input checked="" type="checkbox"/>		"-"	50sf	<input checked="" type="checkbox"/>			
Penthouse AC-5		<input checked="" type="checkbox"/>		Pipe	80 lf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15.3</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Newburg, PA</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>10/3/12</b>	

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

370

RECEIVED

Date of Notification (1) <b>October 17, 2012</b>		Name of Building Owner/Operator (2) <b>Jacobus Pharmaceutical Co.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>County Road 683</b>	
		City, State, Zip Code <b>Plainsboro Township, NJ</b>	
		Name of Contact <b>Tom Santoli</b>	Telephone Number

2012 DEC 10 PM 12:17  
**ASBESTOS CONTROL & LICENSING**

Name of Facility Where Abatement is Taking Place (3) <b>Jacobus Pharmaceutical Co.</b>			Type of Facility (4)		
Street Address <b>County Road 683</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>Plainsboro Township, NJ</b>		Square Feet	# of Floors	Bldg. Age	
County (6) <b>Middlesex</b>		County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) <b>Pharmaceutical</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Sabre Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>		
Street Address <b>1015 Zucksville Road</b>		Street Address <b>1500 Kings HWY N, STE 209</b>			
City, State, Zip Code <b>Easton, PA 18040</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>			
Project Manager for Monitoring Firm <b>Brent Altemose, CIH, CSP</b>		Telephone No. <b>866.734.0127</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>	
Start Date (10) <b>9/26/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>		

Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>			
<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 <b>Cherry Hill, NJ 08034</b>			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
Maintenance Shop	<input checked="" type="checkbox"/>			asbestos tile & mastic	900sf	<input checked="" type="checkbox"/>			
Bathroom		<input checked="" type="checkbox"/>		"-	500sf	<input checked="" type="checkbox"/>			
Vestibule		<input checked="" type="checkbox"/>		"-	50sf	<input checked="" type="checkbox"/>			
Penthouse AC-5		<input checked="" type="checkbox"/>		Pipe	80 l/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15.3</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>	City, State <b>Newburg, PA</b>		
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 		Date <b>10/17/12</b>

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
Penthouse AC-5		X		Fittings	8	X			
TankRoom/SteamRoom		X		Steam Pipe	8 l/f	X			
-"-		X		LP Condensate Pipe	70 l/f	X			
bathroom/locker rm		X		pipe insulation	120 lf	X			


2012 DEC 10 PM 12:16

ASBESTOS CONTROL LICENSING

MAINTENANCE

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

389

Date of Notification (1) <b>October 19, 2012</b>		Name of Building Owner/Operator (2) <b>Jacobus Pharmaceutical Co.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>County Road 683</b> City, State, Zip Code <b>Plainsboro Township, NJ</b> Name of Contact <b>Tom Santoli</b>						
	<b>RECEIVED</b> <b>2012 DEC 10 PM 12:17</b> <b>ASBESTOS CONTROL &amp; LICENSING</b> Telephone Number								
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Jacobus Pharmaceutical Co.</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>County Road 683</b>		Square Feet	# of Floors						
City (5) <b>Plainsboro Township, NJ</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) <i>(STATE USE ONLY)</i>	Current Use (Prior if being demolished) <b>Pharmaceutical</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Sabre Health</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
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City, State, Zip Code <b>Easton, PA 18040</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Brent Altemose, CIH, CSP</b>		Telephone No. <b>866.734.0127</b>	Telephone No. License No. <b>(973) 759 - 5000 00781</b>						
Start Date (10) <b>9/26/12</b>	Scheduled Completion Date (11) <b>12/31/12</b>	Name of OSHA Monitor <b>The MACK Group, 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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
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Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15.3</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>	City, State <b>Newburg, PA</b>						
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>10/19/12</b>					