

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

Date of Notification (1) <div style="text-align: center;">12 / 9 / 13</div>		Name of Building Owner/Operator (2) <b>County College of Morris</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>214 Center Grove Rd</b>							
		City, State, Zip Code <b>Randolph, NJ 07869</b>							
		Name of Contact <b>Joe Ponturo</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sheffield Hall - County College of Morris</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>214 Center Grove Rd</b>		Square Feet <b>10,000</b>	Bldg. Age <b>50+</b>						
City (5) <b>Randolph</b>	County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>classrooms</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Environmental</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>7 Pleasant Hill Rd</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>	Telephone No. <b>732 644 5418</b>	Telephone No. <b>215 542 7000</b>	License No. <b>00847</b>						
Start Date (10) <b>1 / 2 / 14</b>	Scheduled Completion Date (11) <b>1 / 10 / 14</b>	Name of OSHA Monitor <b>CES</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-7:00PM/ PM-7:00AM</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Classroom-SH165	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings-Elbow/joints-tent/glove bag	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom-SH167	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings-Elbow/joints-tent/glove bag	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom-SH163	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings-Elbow/joints-tent/glove bag	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Allied</b>		NJDEP Waste Hauler ID No. <b>20900</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Constoga Landfill</b>					
City, State <b>Telford, PA</b>		Disposal Date <b>1/12/14</b>	City, State <b>Morgantown, PA</b>						
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>				Date <b>12/9/13</b>			

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

*Check # 1604*

Date of Notification (1) 12 / 09 / 13		Name of Building Owner / Operator (2) PSE&G	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 80 PARK PLAZA		City, State, Zip Code NEWARK, NJ 07101	
Name of Contact DAWN NEVILLE			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SUSQUEHANNA - ROSELAND PROJECT TROY MEADOWS SECTION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address SEE ATTACHED			Building Age N/A		
City (5)	County (6)	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) N/A
Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONEMENTAL		ASCM NO	Name of Abatement Contractor (9) LVI Demolition Services Inc.		
Street Address 2 EAST BLACKWELL ST		Street Address 32 Williams Parkway			
City, State, Zip Code DOVER, NJ		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm BOB SHERIFF		Telephone Number 973-366-4660	Telephone Number 973-772-3660		
Schedul Start Date (10) 12 / 19 / 13		Sched. Completion Date (11) 01 / 17 / 14	License Number 00860		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 5:00PM			Name of OSHA Monitor LVI Demolition Services Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

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

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TAR/MASTIC	95 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ATTACHED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler LVI DEMOLITION SERVICES INC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State EAST HANOVER, NJ	Disposal Date	City, State MORRISVILLE, PA	

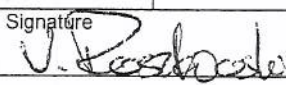
  

Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 12/09/13
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CH # 4510

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

Date of Notification (1) 12/05/2013		Name of Building Owner/Operator (2) Ferreigh Dickinson University							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 285 Madison Avenue							
		City, State, Zip Code Madison, NJ 07940							
		Name of Contact Craig Gorczyca							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Science 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 285 Madison Avenue		Square Feet	# of Floors						
City (5) Madison		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc.		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 5434 King Avenue		Street Address 208 Piaget Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Jay Murray		Telephone No. 888-306-4545	Telephone No. 973-253-8828						
		License No. 00704							
Start Date (10) 12/16/2013	Scheduled Completion Date (11) 12/28/2013	Name of OSHA Monitor VMC Company, 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: 7am-11pm		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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Various Locations		x		VAT/Mastic	3,205 SF	x			
				Transite panels/Table tops	860 SF	x			
				Window caulk/glazing	30 SF	x			
				Pipe insulation- "wrap & cut"	215 LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 30y	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date	City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature 	Date 12/05/2013					

CH # 4511


Print Form

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

Date of Notification (1) 11/26/2013		Name of Building Owner/Operator (2) River Dell Regional BOE							
Agencies 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 230 Woodland Avenue  City, State, Zip Code River Edge, NJ 07661  Name of Contact Thomas Bonfiglio						
	<p align="center"><b>FACILITY INFORMATION</b></p> Name of Facility Where Abatement is Taking Place (3) River Dell Middle School  Street Address 230 Woodland Avenue  City (5) River Edge  County (6) Bergen  County Code (7) (SPACE USE ONLY) _____		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.)  Square Feet      # of Floors      Bldg. Age  Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address PO Box 385		Street Address 208 Piaget Ave.							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Eric Clarkson		Telephone No. 609-652-1833	Telephone No. 973-253-8828      License No. 00704						
Start Date (10) 12/20/2013	Scheduled Completion Date (11) 12/31/2013	Name of OSHA Monitor VMC Co. 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  City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Crawlspace	X			Pipe/fitting insulation	1,115 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 20	Name of Registered Landfill GROWS Landfield					
City, State Newark, NJ		Disposal Date 12/31/2013		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature V. Roszkowski			Date 11/26/2013			



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

Date of Notification (1) <b>12 / 06 / 13</b>		Name of Building Owner/Operator (2) <b>DCH Investments of NJ</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>995 Route 9N</b>							
		City, State, Zip Code <b>South Amboy, NJ 08879</b>							
		Name of Contact <b>Frank Gioe</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Paramus Honda</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>120 Route 4 West</b>		Square Feet <b>2700</b>	# of Floors <b>2</b>						
City (5) <b>Paramus</b>		Bldg. Age <b>50+</b>							
County (6) <b>Bergen</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Commerical</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations, Inc</b>		ASCM No. <b>00104</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>William Kerbel</b>	Telephone No. <b>(973) 729-5649</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <b>12 / 16 / 13</b>	Scheduled Completion Date (11) <b>12 / 20 / 13</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>  </u> AM - <u>  </u> PM / <u>  </u> PM - <u>  </u> AM		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Building</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing and Flashing Materials</b>	<b>4,990 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Service Garage Building</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Window Caulking</b>	<b>200 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>60</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>12/20/13</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 			Date <b>12-6-13</b>		



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

B & G proj. #: 2013-239

Check #6297

Date of Notification (1) <u>11/21/2013</u>		Name of Building Owner/Operator (2) <u>Ernest Shaw</u>	
Agencies Notified	Type Notification	Street Address <u>21 2nd Street</u>  City, State, Zip Code <u>Dover, NJ 07081</u>  Name of Contact <u>Ernest Shaw</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Ernest Shaw</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>21 2nd Street</u>			Square Feet	# of Floors
City (5) <u>Dover</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>			Current Use (Prior if being demolished) <u>residential</u>	
Street Address			Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>	
City, State, Zip Code			Street Address <u>105 Ryerson Road</u>	
Project Manager for Monitoring Firm			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
Phone Number			Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>
Scheduled Start Date (10) <u>12/18/2013</u>			Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
Sched. Completion Date (11) <u>12/19/2013</u>			Street Address <u>105 Ryerson Road</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			X	pipe insulation	140 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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>12/20/2013</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>12/06/2013</u>

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

B & G proj. #: 2013-241

Check #6298

Date of Notification (1) <u>12/10/13</u>		Name of Building Owner/Operator (2) <u>Betty Rush</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>6 North Maple Avenue</u>	
		City, State, Zip Code <u>Long Valley, NJ 07853</u>	
		Name of Contact <u>Betty Rush</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Betty Rush</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>6 North Maple Avenue</u>					
City (5) <u>Long Valley</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>			Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>12/21/2013</u>		Sched. Completion Date (11) <u>12/21/2013</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room			X	pipe insulation	6 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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>12/23/2013</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>12/06/2013</u>



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

CHECK #: 8328

Date of Notification (1) 12-5-13		Name of Building Owner/Operator (2) James Hemsarh	
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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 Stephen St.  City, State, Zip Code Dover, NJ 07803
			Name of Contact James Hemsarh

DEC 10 2013

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 15 Stephen St.			Square Feet 1200	# of Floors 2	Bldg. Age +50
City (5) Dover			Current Use (Prior if being demolished) RESIDENTIAL		
County (6) MORRIS		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) A. MAC Contracting Inc		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Street Address 105 Lowell Road		
City, State, Zip Code			City, State, Zip Code Glen Rock, NJ 07452		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-252-5841	License No. 00156	
Start Date (10) 12-7-13		Scheduled Completion Date (11) 12-30-13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

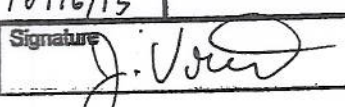
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Embalm
Basement			✓	Pipe insulation	80LF	✓			
Basement			✓	VAT	18LF	✓			

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 12-7-13	City, State, Zip Code Bethlehem, PA 18015		
Completed by Joseph Vaccaro		Title Operations	Signature J. Vaccaro		Date 12/5/13



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

CHECK #: 8328

Date of Notification (1) <b>12-5-13</b>		Name of Building Owner/Operator (2) <b>George DePasquale</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1221 Discovery Bay</b>	
		City, State, Zip Code <b>FRISCO, TX 75034</b>	
		Name of Contact <b>George DePasquale</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>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>72 Erie Ave</b>		Square Feet <b>1400</b>	# of Floors <b>2</b>
City (5) <b>Midland Park</b>		Bldg. Age <b>+60</b>	
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>
Street Address		Street Address <b>105 Lowell Road</b>	
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, NJ 07452</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>
Start Date (10) <b>12/16/13</b>	Scheduled Completion Date (11) <b>12/30/13</b>	Name of OSHA Monitor <b>Omega Environmental Services 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>280 Huyer Street</b>	
		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)  <b>Basement</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)
	Yes	No	
			<b>pipe insulation</b>
			<b>86cf</b>
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Disposal Date <b>12/16/13</b>	City, State, Zip Code <b>Bethlehem, PA 18015</b>
Completed by <b>Joseph Vaccaro</b>	Title <b>Operations</b>	Signature 	Date <b>12/05/13</b>



Dec 4 2013 09:14am

P001/001

NJ Dept. of Health & Senior Services  
(Signature)  
Date: 12/4/13 Time: 9:15

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

Check # 8328

Date of Notification (1) <u>12/4/13</u>		Name of Building Owner/Operator (2) <u>GOLDBERG REALTY</u>						
Agencies Notified	Type Notification	Street Address <u>33 CLINTON ROAD #202</u>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>WEST CALDWELL NJ 07006</u>						
		Name of Contact <u>RICH S.</u>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>BOULEVARD GARDENS</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>1143 KENNEDY BOULEVARD / G BERGEN CT.</u>		Square Feet <u>6,000</u>						
City (5) <u>BAYONNE</u>		# of Floors <u>4</u>						
County (6) <u>HUDSON</u>		Bldg. Age <u>60</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>APTS</u>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>						
City, State, Zip Code		Street Address <u>105 Lowell Road</u>						
Project Manager for Monitoring Firm		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>						
Telephone No.		Telephone No. <u>201-262-5841</u>						
Start Date (10) <u>12/4/13</u>		License No. <u>00156</u>						
Scheduled Completion Date (11) <u>12/5/13</u>		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>280 Huyler Street</u>						
Scope of Work (Check All That Apply) <input 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 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		City, State, Zip Code <u>Hackensack, NJ 07606</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	Repair	Encapsulate
<u>CRAWL SPACE</u>			<u>PIPE</u>	<u>160 LF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>				
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>12/4/13</u>		City, State <u>Bethlehem, PA 18015</u>				
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>12/4/13</u>		