

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

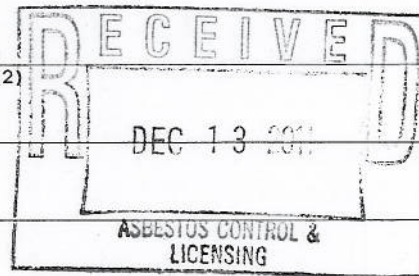
Date of Notification (1) 11/17/2011		Name of Building Owner/Operator (2) Private Property		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 13 2011 ASBESTOS DIVISION LIC </div>					
Agencies Notified		Type Notification							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 86 North Hackensack Ave		City, State, Zip Code South Kearny NJ		Name of Contact Paul Taubler					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4)					
Street Address 86 North Hackensack Ave				<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) South Kearny NJ				Square Feet 45,000	# of Floors 1				
County (6) Hudson				County Code (7) (STATE USE ONLY) _____	Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) First Phase Group Inc					
Street Address		Street Address 567-52nd street suite #16		City, State, Zip Code West New York NJ 07093					
City, State, Zip Code		Telephone No.		Telephone No. 201-758-7158	License No. 001144				
Start Date (10) 11/25/2011		Scheduled Completion Date (11) 11/26/2011		Name of OSHA Monitor J&S Environmental Corp					
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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 Hours				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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	transite pipe	12LF	x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Cumbeland landfield				
City, State 109-113 Jacobus Ave				Disposal Date	City, State South Kearny NJ				
Completed by Edwin Precilla			Title project manager		Signature <i>Edwin Precilla</i>		Date 11/17/2011		

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

Date of Notification (1) 11/17/2011		Name of Building Owner/Operator (2) Private Property		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 13 2011 ASBESTOS CONTROL & LICENSING </div> 246					
Agencies Notified		Type Notification							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<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 86 North Hackensack Ave City, State, Zip Code South Kearny NJ Name of Contact Paul Taubler Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property				Type of Facility (4)					
Street Address 86 North Hackensack Ave				<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) South Kearny NJ				Square Feet 45,000	# of Floors 1				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc					
Street Address			Street Address 567-52nd street suite #16						
City, State, Zip Code			City, State, Zip Code West New York NJ 07093						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-758-7158	License No. 001144				
Start Date (10) 11/28/2011		Scheduled Completion Date (11) 11/29/2011		Name of OSHA Monitor J&S Environmental Corp					
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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 Hours				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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	transite pipe	12LF	x			
Name of Registered Waste Hauler DJM			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Cumbeland landfield				
City, State 109-113 Jacobus Ave				Disposal Date	City, State South Kearny NJ				
Completed by Edwin Precilla			Title project manager	Signature <i>Edwin</i>	Date 11/17/2011				

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

Date of Notification (1) 12/9/11		Name of Building Owner/Operator (2) Justin Sokol	
Agencies Notified	Type Notification	Street Address 82 Mapes Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Nutley, NJ 07110	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Justin Sokol	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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 82 Mapes Avenue			Square Feet 1800		
City (5) Nutley			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 70		
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A			ASCM No. 67		
Street Address			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
City, State, Zip Code			Street Address 86 Christopher St.		
			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 12/18/11		Sched. Completion Date (11) 12/19/11		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year		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: <u>«OffHours Descript»</u>					
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

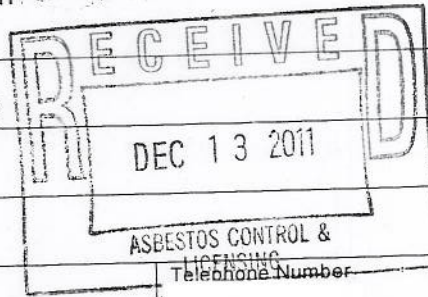
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	70 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/20/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/9/11		

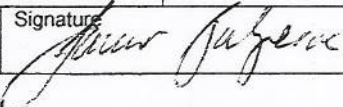
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/30/11		Name of Building Owner/Operator (2) BP US Pipelines & Logistics							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Costal St							
		City, State, Zip Code Port Newark, NJ							
		Name of Contact Yvan Beausoleil							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BP US Pipelines & Logistics		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 350 Costal St		Square Feet 1965	# of Floors 1						
City (5) Port Newark, NJ		Bldg. Age							
County (6) Essex		Current Use (Prior if being demolished) Oil Storage Tank							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. 00023	Name of Abatement Contractor (9) New States Contracting, LLC						
Street Address 1600 Route 22 East, Suite 107		Street Address 2400 Main Street Extension, Suite 10							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm Michael Nehlsen		Telephone No. 908-686-2636	Telephone No. 732-525-0100						
Start Date (10) 12/20/11		License No. 00749							
Scheduled Completion Date (11) 02/17/12		Name of OSHA Monitor Hillmann Consulting, 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: Unoccupied tank farm		Show Desktop.scf Street Address 1600 Route 22 East, Suite 107 City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Oil Storage Tank Roof T104/2004	X			Roof Mastic	3930 SF	X			
And T105/2005	X								
Name of Registered Waste Hauler AUCHTER INDUSTRIAL VAC SERVICE INC		NJDEP Waste Hauler ID No. 980772768	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S North					
City, State 4801 SOUTH WOOD AVENUE, LINDEN, NJ 07036		Disposal Date		City, State Morrisville, PA 19067					
Completed by Kurt Nale		Title Superintendent	Signature 	Date 12/08/11					

Amended to reflect change in dates start/finish

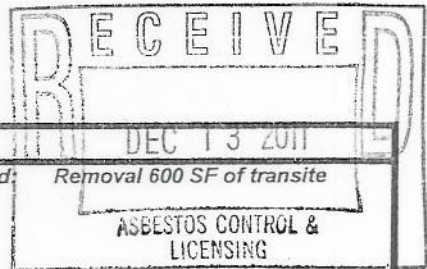
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/09/2011		Name of Building Owner/Operator (2) Manchester Regional Board of Education							
Agencies Notified	Type Notification	Street Address 70 Church Street							
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haledon, NJ 07508							
		Name of Contact John Serapiglia	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Manchester Regional 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 70 Church Street		Square Feet 80,000	# of Floors 2						
City (5) Haledon		Bldg. Age 60							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) RKO Environmental Analysis, Inc.		ASCM No. 090	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address 401 St. James Avenue		Street Address 265 A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316	Telephone No. 973 256 7010						
		License No. 0666							
Start Date (10) 12/26/2011	Scheduled Completion Date (11) 12/28/2011	Name of OSHA Monitor Bako Construction & Restoration Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 265 A Route 46 Suite 3D							
		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"/> ≥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) <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 office	x			Pipe insulation	48 LF	x			
Maintenance office Hall		x		Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S					
City, State Totowa, NJ		Disposal Date 12/29/2011		City, State Morresville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 12/09/2011			

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 12/12/11		<u>Name of Building Owner/Operator (2)</u> PEPCO Holdings, Inc.	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 5100 Harding Highway	
		<u>City, State, Zip Code</u> Mays Landing, NJ 08330	
		<u>Name of Contact</u> Michael Crostic	
<div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 13 2011 ASBESTOS CONTROL & LICENSING </div>			
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Beesley Substation		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 30 Wilke Drive		<u>Sq. Feet</u> 120 <u># of Floors</u> 1	
<u>City (5)</u> Beesley's Point	<u>County (6)</u> Cape May	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50+ <u>Current Use</u> (prior if being demolished) Substation
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> 1 Source Safety and Health, Inc.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 140 South Village Ave., Ste. 130		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Exton, PA 19341		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> Dan Bruun	<u>Telephone Number</u> 610-524-5525	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 12/27/2011	<u>Scheduled Completion Date (11)</u> 12/30/2011	<u>Name of OSHA Monitor</u> EMSL Analytical	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 107 Haddon Ave	
<u>Describe Vacant Bldg. To Be Demolished</u> Substation Other - Describe		<u>City, State, Zip Code</u> Westmont, NJ 08108	
<u>Source of Work (Check all that apply)</u> (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Walls/Roof	X	Transite Panels	600 SF
<u>Name of Reg. Waste Hauler</u> Service Transport Group, Inc.		<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 5
<u>City, State</u> New Castle, DE		<u>Disp. Date</u> 12/30/11	<u>Name of Reg. Landfill</u> Minerva Landfill
<u>Completed by (Print or Type)</u> Mark Griffin	<u>Title</u> Project Manager	<u>Signature</u> <i>Mark Griffin</i>	<u>Date</u> 12/12/2011

**Notification of Demolition or Renovation.....(continued)**

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal 600 SF of transite panels intact, wetting material, double wrap in 6mil poly.

ASBESTOS CONTROL &
LICENSING

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double wrap.

XII. Waste Transporter#1 Service Transport Group

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Randy Bridges

Telephone 302-778-5930

Waste Transporter#2

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984

Address: 9000 Minerva Road

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact:

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Mark Griffin

(Signature of Owner/Operator)

(Date) 12/12/11

XVIII. I Certify that the Above Information is Correct

Mark Griffin

(Signature of Owner/Operator)

(Date) 12/12/11

No check

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 12/05/11		Name of Building Owner/Operator (2) PEPCO Holdings, Inc.	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled HOLD	Street Address 5100 Harding Highway	
		City, State, Zip Code Mays Landing, NJ 08330	
		Name of Contact Michael Crostic	
		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Roadstown Substation		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 165 Marlboro Road		Sq. Feet 120 # of Floors 1	
City (5) Shiloh	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) 1 Source Safety and Health, Inc.		ASCM No.	
Street Address 140 South Village Ave., Ste. 130		Name of Contractor (9) NCM Demolition and Remediation, LP	
City, State, Zip Code Exton, PA 19341		Street Address 404 N. Berry Street	
Project Manager for Monitoring Firm Dan Bruun		Telephone Number 610-524-5525	License Number 01066
Scheduled Start Date (10) 12/19/2011	Scheduled Completion Date (11) 01/31/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Vacant Bldg. To Be Demolished Substation Other - Describe		City, State, Zip Code Westmont, NJ 08108	
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Walls/Roof	X	Transite Panels	600 SF
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 5
City, State New Castle, DE		Disp. Date 1/31/12	Name of Reg. Landfill Minerva Landfill
Completed by (Print or Type) Mark Griffin		Title Project Manager	Signature Mark Griffin
		Date 12/09/2011	

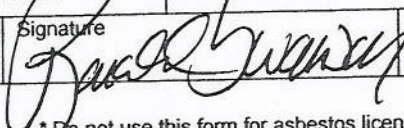
No check

Notification of Demolition or Renovation.....(continued)			
X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal 600 SF of transite panels intact, wetting material, double wrap in 6mil poly.			
XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double wrap.			
XII. Waste Transporter#1 Service Transport Group			
Address 58 Pyles Lane			
City New Castle	County New Castle	State DE	Zip 19720
Contact Randy Bridges	Telephone 302-778-5930		
Waste Transporter#2			
Address			
City	County	State	Zip
Contact	Telephone		
XIII. Waste Disposal Site Minerva Landfill		EPA Certification Number: P0104984	
Address: 9000 Minerva Road			
City: Waynesburg	County: Stark	State: OH	Zip: 44688
Contact:	Telephone: 330-866-3435		
XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:			
Name		Title	
Authority			
Date of Order (MM/DD/YY)		Date Ordered to Begin (MM/DD/YY)	
XV. For Emergency Renovations:			
DATE and HOUR of Emergency: (MM/DD/YY)		(HH:MM)	
Description of SUDDEN, UNEXPECTED EVENT			
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations			
XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet materials, post signs, alert generator			
XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).			
Mark Griffin		(Signature of Owner/Operator)	(Date) 12/09/11
XVIII. I Certify that the Above Information is Correct			
Mark Griffin		(Signature of Owner/Operator)	(Date) 12/09/11

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

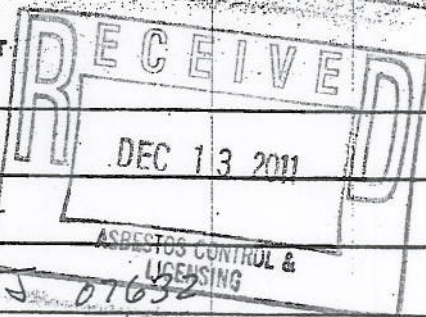
Check

3707

Date of Notification (1) 12/08/2011		Name of Building Owner/Operator (2) ALERIS ROLLED PRODUCTS INC.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 13 2011 </div>					
Agencies Notified	Type Notification	Street Address 838 N. DELSEA DRIVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLAYTON, NJ 08312							
		Name of Contact OLIVER REMICK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ALERIS ROLLED PRODUCTS INC.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 838 N. DELSEA DR.			Square Feet 100,000	# of Floors 1	Bldg. Age 60				
City (5) CLAYTON			Current Use (Prior if being demolished) STEEL FABRICATION						
County (6) GLOUCESTER		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) TO BE DETERMINED		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address				Street Address 570 CLEMS RUN					
City, State, Zip Code				City, State, Zip Code MULLICA HILL, NJ 08062					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 12/26/2011		Scheduled Completion Date (11) 12/31/2011		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Christmas shut down of facility				Street Address 200 RT. 130 NORTH					
				City, State, Zip Code CINNAMINSON, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
MAIN BUILDING			X	STACK INSULATION	146 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 3	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL				
City, State HAZLETON, PA				Disposal Date 01/02/2012	City, State IMPERIAL, PA				
Completed by RON SWANSON		Title PROJECT MANAGER		Signature 	Date 12/08/2011				

3057

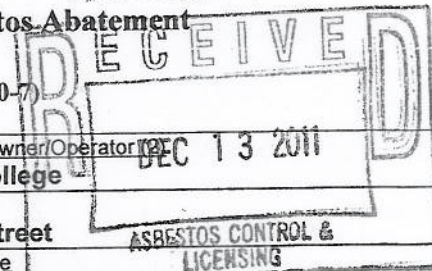
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60 and 12-120)



Date of Notification (1) 12-9-2011		Name of Building Owner/Operator (2) B. BERGSTEIN							
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 666 SUMMIT STREET City, State, Zip Code ENGLEWOOD CLIFFS, NJ 07632 Name of Contact B. BERGSTEIN							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) B. BERGSTEIN		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 666 SUMMIT STREET		Square Feet 2900	# of Floors 2						
City (5) ENGLEWOOD CLIFFS		Bldg. Age 58 yrs							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 12-22-2011	Scheduled Completion Date (11) 12-23-2011	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input 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
BASEMENT			X	VAT	515 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 1/2 YD.	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 12-23-2011		City, State Newburgh PA, 17242					
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran		Date 12-9-2011				

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) December 9, 2011		Name of Building Owner/Operator (2) Bloomfield College	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 467 Franklin Street		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Jack Mc Grane		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bloomfield College- Knox Hall- Basement		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 2,000 # of Floors: 3 Bldg. Age: 50+ years	
Street Address 467 Franklin Street		Current Use (prior if being demolished): Offices	
City (5) Bloomfield	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision, inc.		ASCM No.	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-636-9145	License Number 00840
Scheduled Start Date (10) December 27, 2011		Scheduled Completion Date (11) December 28, 2011	
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: Non Occupied		Name of OSHA Monitor ENVIROVISION, INC.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Tent /Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Abatement Type Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input checked="" type="checkbox"/>
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI		Amount (Specify SF or LF) 9 LF	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 1
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Name of Registered Landfill Meadowfill Landfill	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date December 28, 2011	
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>
		Date December 9, 2011	

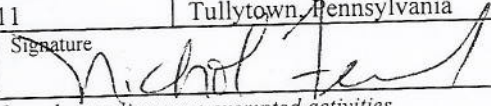
GAC # 2011-303

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

Date of Notification (1) <div style="text-align: center;">December 9, 2011</div>		Name of Building Owner/Operator (2) Bobby Bobcat Excavating	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	1409 Route 9	Toms River, NJ 08753
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Bob	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1107 Hancock Avenue			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K-12)		
City Seaside Heights			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			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		License Number
			732-349-9932		00624
Scheduled Start Date (10) 12/22/11		Scheduled Completion Date (11) 12/27/11	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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1200 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 12/28/11		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 12/9/11	

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

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(NJ Admin Code NJAC 17:27 and 17:28)

DOL - 10 DAY

Check # 4245

DEC 8 2011

WAIVER APPROVED

Date of Notification (1) December 8, 2011		Name of Building Owner/Operator (2) Robert Papsun		Check # 4245	
Agencies Notified		Type Notification		Street Address 325 East 23rd Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCI <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Wildwood, NJ 08260	
		Name of Contact Robert Papsun		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 325 East 23rd Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Wildwood			Square Feet 2800	# of Floors 3	Bldg. Age 90
County (6) Cape May			County Code (7) (STATE USE ONLY)		Current Use (if not being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental			ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address PO Box 167			Street Address 47 S. Lippincott Ave		
City, State, Zip Code Hammononton NJ 08037			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Cathy Ledden			Telephone No. 809-820-9312	Telephone No. 856-755-0099	License No. 00842
Start Date (10) December 12, 2011		Scheduled Completion Date (11) December 16, 2011		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 107 Haddon Ave	
<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 Westmont, New Jersey 08108	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≤ 3 sf or ≤ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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)
	Yes	No	N/A		
Kitchen, Living Rm. & Hallway			XXX	Floor Tile	350 SF
Name of Registered Waste Hauler Freehold Carriage			NJDWP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill
City, State Mount Holly, New Jersey 08060			Disposal Date	City, State Tullytown, PA.	
Completed by William Lynch		Title Owner	Signature <i>William Lynch</i>		Date December 8, 2011

AS5-41 (R 06-08)

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

CHECK #
2150

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

RECEIVED

Date of Notification (1) <u>12/9/11</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGING</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>P.O. BOX 782 - 8 CLERMONT DR.</u>	
		City, State, Zip Code <u>CLINTON, N.J. 08210</u>	
		Name of Contact <u>JIM NEMINGWAY</u>	Telephone Number <u>1</u>

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address <u>413 E. 14TH ST.</u>		Square Feet <u>1000</u>
City (5) <u>NORTH WILDBOOD</u>		# of Floors <u>2</u>
County (6) <u>COPENHAW</u>		Bldg Age <u>40+</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. <u>856-779-0422</u>
Start Date (10) <u>12/20/11</u>		License No. <u>00444</u>
Scheduled Completion Date (11) <u>12/27/11</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply)

☐ ≥ 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) 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	Encapsulation	Enclosure
<u>SIDING</u>				<u>TRANSITE</u>	<u>2500 LF</u>	<input checked="" type="checkbox"/>			

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>12/9/11</u>

EMERGENCY
REQUEST FOR 10 DAY

REMEMBER: NOTIFICATION OF ASBESTOS ABATEMENT
(Required by N.J.A.C. 17:27, 12-12)

check # 3255

Date of Notification (1) 12-9-2011		Name of Building Owner/Operator (2) W. FIGENSHU		DOLE TO DAY				
Agency Notified	Type Notification	Street Address 144 GREEN AVENUE		City, State, Zip Code MADISON N.J. 07940				
<input type="checkbox"/> EPA <input type="checkbox"/> DSP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Name of Contact W. McMAHON		Telephone Number WAIV				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) W. FIGENSHU			Type of Facility (4)					
Street Address 144 GREEN AVENUE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) MADISON			Square Feet 5300	# of Floors 2	Bldg. Age 105 YRS			
County (6) MORRIS			Current Use (Prior to being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)					
Street Address			Best Removal Inc					
City, State, Zip Code			450 South River St					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. License No.					
			201-329-7444 00388					
Start Date (10) 12-13-2011		Scheduled Completion Date (11) 12-14-2011		Name of OSHA Monitor Omega Environmental Services				
Occupancy Status During Abatement (Check Only One)				Street Address				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM				280 Huyler St				
				City, State, Zip Code				
				South Hackensack, N.J. 07606				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 25 or of 25 ft <input type="checkbox"/> 1500 or of 1500 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Stably 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	Encapsulation
BASEMENT			X THERMAL INSULATION	95 SF	X			
BASEMENT			X THERMAL INSULATION	7 LF	X			
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
DJM Transport, Inc			22393	13/4 YDS	Cumberland County Landfill			
City, State			Disposed Date	City, State				
South Kearny N.J. 07032			12-14-2011	Newburgh PA, 17242				
Classified for			Title	Signature	Date			
R. VELORA			Estimator	P. Velora	12-9-2011			

ASB-41 (R-05-08)

* Do not use this form for asbestos removal unregulated activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:40 and 12:13)

Print Form

Date of Notification (1) December 7, 2011		Name of Building Owner/Operator (2) JoAnn Verdi		Check# 4297	
Agencies Notified		Type Notification		Street Address 15 E. Euclid Ave	
<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 type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Haddonfield, NJ 08033	
		Name of Contact JoAnn Verdi		DEC 7 2011 WAIVER APPROVED	
Name of Facility Where Abatement is Taking Place (3) Residence					
Street Address 15 E. Euclid Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Haddonfield			Square Feet 2800		
County (6) Camden			# of Floors 2		
County Code (7) (STATE USE ONLY)			Bldg. Age 70		
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental			Current Use (Prior if being demolished) Residence		
Street Address 1000 Maplewood Drive Suite 207			Name of Abatement Contractor (9) Shade Environmental, LLC		
City, State, Zip Code Maple Shade, NJ 08052			Street Address 47 S. Lippincott Ave		
Project Manager for Monitoring Firm Tony Esposito			City, State, Zip Code Maple Shade, NJ 08052		
Telephone No. 856-755-9300			Telephone No. 856-755-0099		
Start Date (10) December 8, 2011			License No. 00842		
Scheduled Completion Date (11) December 10, 2011			Name of OSHA Monitor EMSL		
Occupancy Status During Abatement (Check Only One)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:					
Street Address 107 Haddon Ave					
City, State, Zip Code Westmont New Jersey 08108					
Scope of Work (Check All That Apply)					
<input type="checkbox"/> 23 of or 23 II <input checked="" type="checkbox"/> 2160 sf or 2290 II <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-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)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement				1100 SF	
Basement				1100 SF	
Name of Registered Waste Hauler Freehold Cartage		NJCEP Waste Hauler ID No 72253		Cubic Yards of Waste	
City, State Mount Holly, New Jersey 08060		Disposal Date		Name of Registered Landfill Grows Landfill	
City, State Tullytown, PA.					
Completed by William Lynch		Title Owner		Signature William Lynch	
				Date December 7, 2011	

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)

Date of Notification (1) 11/29/11		Name of Building Owner/Operator (2) Mercer County Technical Schools							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" 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 1085 Old Trenton Rd.							
		City, State, Zip Code Trenton, NJ 08690							
		Name of Contact Sean Cabaler							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercer County Vo-Tech Schools, Assunpink Center, Building B		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 1085 Old Trenton Rd.		Square Feet 27,934	# of Floors 1						
City (5) Trenton, NJ 08690		Bldg. Age 39							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vocational / Technical School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) First Phase Group Inc.						
Street Address 120 N Warren St		Street Address 567 52nd Street Suite # 16							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code West New York, NJ 07093							
Project Manager for Monitoring Firm Brian Holbig		Telephone No. 609-392-4200	License No. 001144						
Start Date (10) 12/5/2011	Scheduled Completion Date (11) 12/15/2011	Name of OSHA Monitor J&S Environmental Laboratories							
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 during abatement - regular hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			boiler insulation	242 SF	x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Cumberland Landfill					
City, State 109-113 Jacobus Ave, South Kearny NJ			Disposal Date	City, State Morrisville PA					
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>	Date 11/29/11					

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

Check # 1239

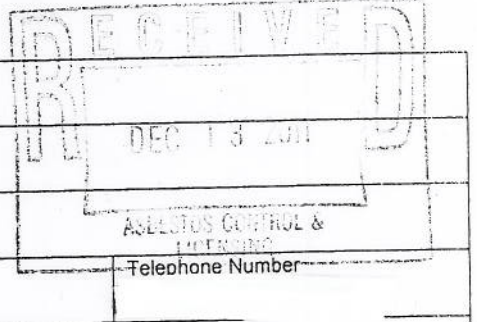
Date of Notification (1) 10/3/2011		Name of Building Owner/Operator (2) Town of Morristown							
Agencies Notified	Type Notification	Street Address 200 South Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact John Bayonne	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ATCT Morristown Municipal Airport		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 4 Airport Road		Square Feet 6000	# of Floors 5						
City (5) Morristown, NJ		Bldg. Age +50							
County (6) Morris County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mc Cabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) First Phase Group Inc.						
Street Address 464 Valley Brook Ave		Street Address 567 52nd Street Suite # 16							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm John Chiquiello		Telephone No. 201-438-4839	License No. 001144						
Start Date (10) 11/29/2011	Scheduled Completion Date (11) 6/30/2012	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		Street Address 2333 Route 22 West							
		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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attachment		x		See attachment		x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 100945	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill					
City, State 109-113 Jacobus Ave Kearny NJ			Disposal Date	City, State 142 Vaughn Rd Shippensburg PA					
Completed by Edwin Precilla		Title Project Manager	Signature Edwin Precilla	Date 10/14/2011					

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

Check# 1227

Date of Notification (1) 10/3/2011		Name of Building Owner/Operator (2) Town of Morristown							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 200 South Street		City, State, Zip Code Morristown, NJ 07960							
Name of Contact John Bayonne		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ATCT Morristown Municipal Airport		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 4 Airport Road		Square Feet 6000	# of Floors 5						
City (5) Morristown, NJ		Bldg. Age +50							
County (6) Morris County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mc Cabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) First Phase Group Inc.						
Street Address 464 Valley Brook Ave		Street Address 567 52nd Street Suite # 16							
City, State, Zip Code Lyndhurst NJ 07071		City, State, Zip Code West New York NJ 07093							
Project Manager for Monitoring Firm John Chiquisile		Telephone No. 201-438-4839	Telephone No. 201-758-7158						
License No. 001144		Name of OSHA Monitor J & S Environmental Laboratories LLC							
Start Date (10) 11-10-2011		Scheduled Completion Date (11) 6/30/2012							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupied		Street Address 2333 Route 22 West							
City, State, Zip Code Union NJ 07083									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 5 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 200 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attachment		x		See attachment		x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 100945	Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill					
City, State 109-113 Jacobus Ave Kearny NJ			Disposal Date	City, State 142 Vaughn Rd Shippensburg PA					
Completed by Edwin Precilla		Title Project Manager	Signature Edwin Precilla	Date 10/14/2011					

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



Date of Notification (1) 12/08/11		Name of Building Owner/Operator (2) Livingston Public Schools							
Agencies Notified	Type Notification	Street Address 11 Foxcroft Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Livingston, New Jersey 07039							
		Name of Contact Paul Ko							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Riker Hill Elementary School		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 31 Blackstone Drive		Square Feet 20,000	# of Floors 2						
City (5) Livingston, New Jersey 07039		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 316		Street Address 606 McBride Avenue							
City, State, Zip Code Thorofare, New Jersey 08086		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Steve Flannigan		Telephone No. 856-848-0800	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor J&S Environmental Labs							
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 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 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) <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 1		X							
Room 2		X							
Room 3		X							
Room 4		X							
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 12/13/11		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>				Date 12/08/11	

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

Date of Notification (1) 11/30/11 Ck:1667 \$200		Name of Building Owner/Operator (2) Livingston Public Schools	
Agencies Notified	Type Notification	Street Address 11 Foxcroft Drive	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Livingston, New Jersey 07039	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Paul Ko	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Riker Hill Elementary 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 31 Blackstone Drive		Square Feet 20,000	# of Floors 2
City (5) Livingston, New Jersey 07039		Bldg. Age 55+	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address PO Box 316		Street Address 606 McBride Avenue	
City, State, Zip Code Thorofare, New Jersey 08086		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Steve Flannigan		Telephone No. 856-848-0800	License No. 01104
Start Date (10) 12/09/11	Scheduled Completion Date (11) 12/11/11	Name of OSHA Monitor J&S Environmental Labs	
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: 4PM Start		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 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
Room 1		X		Glue Dots	2 SF	X			
Room 2		X		Glue Dots	2 SF	X			
Room 3		X		Glue Dots	1 SF	X			
Room 4		X		Glue Dots					

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 12/13/11	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 11/30/11

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

Date of Notification (1) 12/8/11		Name of Building Owner/Operator (2) Tom Bumbara	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification [] Amended Notification [X] EMERGENCY [] Cancellation	Street Address 78 Courter Ave	
		City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Tom Bumbara	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 78 Courter Ave			Square Feet 2800	# of Floors 3	Bldg. Age 88
City (5) Maplewood	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (3) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 12/19/11 Month Day Year	Sched. Completion Date (11) 12/21/11 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> [] Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

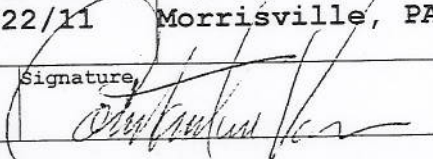
Scope of Work (Check all that apply)

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

[X] Renovation
[] Demolition

[] 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	160 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.75	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 12/22/11	City, State Morrisville, PA 19067
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 12/8/11

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

Date of Notification (1) 12 / 2 / 12		Name of Building Owner/Operator (2) East Orange Municipal Building		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 13 2011 ASBESTOS CONTROL & </div>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-12/8/11 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 221 Freeway Dr. East				
		City, State, Zip Code East Orange, NJ 07018				Name of Contact Ira Fishkin				
						Telephone Number				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) East Orange Court 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 and commercial buildings, homes, etc.)						
Street Address 221 Freeway Dr. East				Square Feet 25,000	# of Floors 2					
City (5) East Orange				Bldg. Age 50+						
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1253 N. Church St		Street Address 1123 BEAVER STREET								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007								
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 12 / 2 / 11	Scheduled Completion Date (11) 12 / 12 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/4:30PM-1:00AM REV#1- 12/8 - OFF SITE ; 12/9 JOB CHANGES TO 4:30 PM ; Scope of Work (Check all that apply) SAT 12/10 - 10AM-6 PM			Street Address 1123 BEAVER STREET							
			City, State, Zip Code BRISTOL, PA 19007							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1 st floor office space		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	loose plaster debris scattered over	4800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ceiling tile		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout basement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clean up loose plaster debris	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>				Date 12/8/11		

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

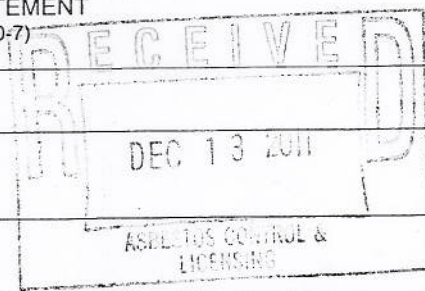
APPROVED: CINDY MITCHELL
NJDOH

CR # 2185

Date of Notification (1) <div style="text-align: center;">12 / 2 / 12</div>		Name of Building Owner/Operator (2) East Orange Municipal Building							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 221 Freeway Dr. East							
		City, State, Zip Code East Orange, NJ 07018							
		Name of Contact Ira Fishkin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) East Orange Court 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 and commercial buildings, homes, etc.)							
Street Address 221 Freeway Dr. East									
City (5) East Orange		Square Feet 25,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 1253 N. Church St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00509						
Start Date (10) <div style="text-align: center;">12 / 2 / 11</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 12 / 11</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> <u>PM 5:00PM-1:30AM</u> <i>12/3/11 - 10AM-8PM; 12/4/11 - OFF SITE; 12/5 - REGULAR</i>		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code BRISTOL, PA 19007							
		<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
1 st floor office space	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	loose plaster debris scattered over	4800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ceiling tile		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	clean up loose plaster debris	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 12/2/11			

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

Check #6616



Date of Notification (1) 12/9/11		Name of Building Owner/Operator (2) Hudson County	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [x] Initial Notification [] Emergency [] Amended Notification [] Cancellation	Street Address 595 Newark Ave.	
		City, State, Zip Code Jersey City, NJ 07306	
		Name of Contact Kim Riscart	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hudson County Admin. Bldg.			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 595 Newark Avenue			Square Feet 250000	# of Floors 13	Bldg. Age ~ 50
City (5) Jersey City	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office building		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASC No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1			Street Address 3 Lynn Court		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 12/19/11	Sched. Completion Date (11) 12/31/11		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [X] Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- [] Demolition
[X] ≥3 sf or ≥3 lf
[] ≥160 sf or ≥260 lf

[] Renovation

- [] Full Containment with Negative Pressure
[X] 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	E	N	E
Penthouse	x			TSI	9 LF	X				

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ	Disposal Date 12/30/11	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 12/9/11

REMEMBER - MAIL IN HARD COPY

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

MO#19129315487

Date of Notification (1)

12/09/2011

Agency Requested

- ☒ EPA
☐ DEP
☐ DCJ
☐ DDH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Elia Delgado

Street Address

208 E. Lake Avenue

City, State, Zip Code

Rahway, NJ 07065

Name of Contact

Elia Delgado

Emergency Notification

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

208 E. Lake Avenue

City (5)

Rahway, NJ 07065

County (6)

Union

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Building Age

Current Use (Prior to being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

376 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

12/09/2011

Scheduled Completion Date (11)

12/10/2011

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

Envirovision Consultants, Inc.

Street Address

20-21 Wagarow Road, Bldg #34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☒ > 3 sf of ACM if
in 2160 sf or > 200 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Enable 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	Encapsulate	Enclosure
Basement			x	Pipe Insulation	140 LF	x		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N. Jevic
ASB-41

NJDES Waste Hauler ID No.

0033785

Cubic Yards of Waste

Disposed Date

Signature

Name of Registered Landfill

T.R.R.F. Inc.

City, State

Tullytown, PA

Date

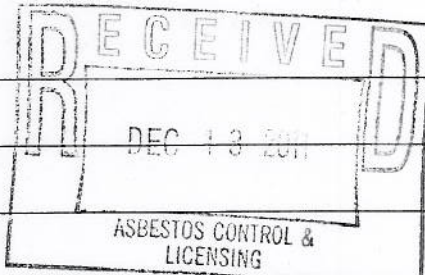
12/09/2011

DO NOT USE THIS FORM FOR ASBESTOS REMEDIATION PROJECTS OUTSIDE NEW JERSEY.

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

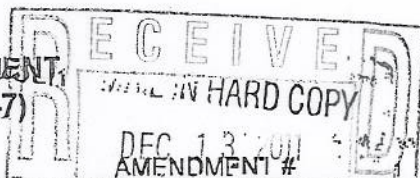
Date of Notification (1) 11/28/2011		Name of Building Owner/Operator (2) P.S.E. & G - Palisade Div.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	325 County Ave.							
		City, State, Zip Code Secaucus, NJ 07094							
		Name of Contact Bill Nagy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G		Type of Facility (4)							
Street Address South 5th Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harrison, NJ		Square Feet Appx. 10,000	# of Floors 2						
County (6) Hudson		Bldg. Age Appx 75 yrs							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Sub Station							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.							
Street Address 160 Fieldcrest Ave.		Name of Abatement Contractor (9) Unique Systems of America							
City, State, Zip Code Edison, NJ 08837		Street Address 396 Whitehead Ave.							
Project Manager for Monitoring Firm Pat Hand		Telephone No. 732-225-6040	Telephone No. 732-432-8350						
Start Date (10) 12/12/2011		Scheduled Completion Date (11) 12/16/2011	License No. 01111						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Unique Systems of America							
<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 396 Whitehead Ave.							
		City, State, Zip Code South River, NJ 08882							
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
2 Tunnels		X		Conduit cable covering	210 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 10	Name of Registered Landfill Grows					
City, State Elizabeth, NJ		Disposal Date 12/16/2011		City, State Morrisville, PA					
Completed by Carol Raimo		Title Office Manager		Signature <i>Carol Raimo</i>			Date 11/28/2011		

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



Date of Notification (1) 12/9/2011		Name of Building Owner/Operator (2) P.S.E.&G. - Palisade Div.							
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 type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 325 County Ave.							
		City, State, Zip Code Secaucus, NJ 07094							
		Name of Contact Bill Nagy	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E. & G		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 South 5th Street		Square Feet Appx 10,000	# of Floors 2						
City (5) Harrison, NJ		Bldg. Age Appx 75 yrs							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Sub Station							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.	Name of Abatement Contractor (9) Unique Systems of America						
Street Address 160 Fieldcrest Ave.		Street Address 396 Whitehead Ave.							
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code South River, NJ 08882							
Project Manager for Monitoring Firm Pat Hand		Telephone No. 732-225-6040	Telephone No. 732-432-8350						
License No. 01111		Name of OSHA Monitor Unique Systems of America							
Start Date (10) 12/12/2011	Scheduled Completion Date (11) 12/16/2011	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 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
2 Tunnels		X		Conduit cable covering	210 LF	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 10	Name of Registered Landfill Grows					
City, State Elizabeth, NJ		Disposal Date 12/16/2011		City, State Morrisville, PA					
Completed by Carol Raimo		Title Office Manager		Signature <i>Carol Raimo</i>				Date 12/9/2011	

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



ETS JOB #3617/11

Date of Notification (1) 12/09/2011		Name of Building Owner / Operator (2) Bed, Bath and Beyond	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 650 Liberty Avenue		City, State & Zip Code Union, NJ 07083	
Name of Contact Mr. John Purcell		Telephone Number WAIVER APPEAL	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property			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 700 Liberty Avenue			Square Feet 125,000	# of Floors 2	Bldg. Age 50+
City (5) Union	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address 1090 King Georges Post Road, Suite 706		Street Address 160 Clay Street			
City, State & Zip Code Edison, NJ 08837		City, State & Zip Code Brooklyn, NY 11222			
Project Manager for Monitoring Firm Pat Sisk		Telephone Number (732) 771-0051	Telephone Number 718-706-8300		Licence Number 00511
Scheduled Start Date (10) 12/12/11		Scheduled Completion Date (11) 03/01/2012		Name of OSHA Monitor Environmental Tactics, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Street Address 64 Broad Street		
			City, State & Zip Code Matawan, NJ 0774		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> Large Project | | <input checked="" type="checkbox"/> Mini-Enclosure |
| <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM | | <input type="checkbox"/> Glovebag Procedure |
| <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM | | <input type="checkbox"/> Other |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1 st floor	No	VAT	20 SF	Removal
1 st floor	No	Pipe Insulation	80 LF	Removal
2 nd floor	No	Pipe Insulation	20 LF	Removal

Name of Registered Waste Hauler DJM Transport LLC.		NJDEP Waste Hauler ID # 29681	Cu. Yds. of Waste 3	Name of Registered Landfill Cumberland landfill	
City, State 109-113 Jacobus Avenue		Disposal Date TBD		City, State Newburg, PA	
Completed By (Print or Type) ROY JOHNSON	Title PROJECT EXECUTIVE	Signature 		Date 12/09/11	

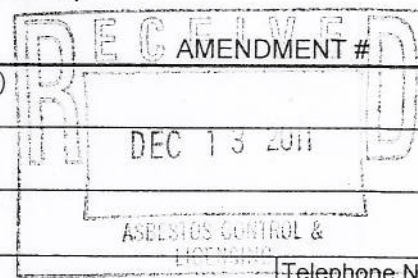
ASB-41 JUN 06 04667

09-2011 15:36 From: ASBESTOS
DEC 9 2011 7:42 PM
60963303664
To: 17187061032
P.1/4



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

ETS JOB # 3617/11 CHECK #22505



Date of Notification (1) 12/09/2011		Name of Building Owner / Operator (2) Bed, Bath and Beyond	
Agencies Notified	Type Notification	Street Address 650 Liberty Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Union, NJ 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mr. John Purcell	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bed, Bath and Beyond Property			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 700 Liberty Avenue			Square Feet 125,000	# of Floors 2	Bldg. Age 50+
City (5) Union	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Vacant		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address 1090 King Georges Post Road, Suite 706		Street Address 160 Clay Street			
City, State & Zip Code Edison, NJ 08837		City, State & Zip Code Brooklyn, NY 11222			
Project Manager for Monitoring Firm Pat Sisk		Telephone Number (732) 771-0051	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) 12/12/11	Scheduled Completion Date (11) 03/01/2012		Name of OSHA Monitor Environmental Tactics, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			Street Address 64 Broad Street		
			City, State & Zip Code Matawan, NJ 0774		

Scope of Work (Check all that apply)		
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other:

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
1st floor	No	VAT	20 SF	Removal
1st floor	No	Pipe Insulation	80 LF	Removal
2nd floor	No	Pipe Insulation	20 LF	Removal

Name of Registered Waste Hauler DJM Transport LLC.		NJDEP Waste Hauler ID # 29681	Cu. Yds. of Waste 3	Name of Registered Landfill Cumberland landfill	
City, State 109-113 Jacobus Avenue			Disposal Date TBD	City, State Newburg, PA	
Completed By (Print or Type) ROY JOHNSON	Title PROJECT EXECUTIVE	Signature 			Date 12/09/11