

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

Date of Notification (1) 12/10/2012		Name of Building Owner/Operator (2) P.S.E. & G							
Agencies Notified	Type Notification	Street Address 440 Eagle Rock Ave.							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roseland, NJ 07068							
		Name of Contact Chuck Tkachuk							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) P.S.E.&G		Type of Facility (4)							
Street Address 50 SOUTH 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) FANWOOD		Square Feet 780	# of Floors 1						
County (6) UNION		Bldg. Age APPX 46 YRS							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 12/29/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: _____		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 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
OUTDOORS		X		TRANSITE PIPE	420 LF	X			
CONTROL ROOM		X		TRANSITE FLOOR PANELS	100 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date 12/31/12	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>	Date 12/10/2012					

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

**RECEIVED**

2012 DEC 13 PM 10:48

Date of Notification (1) 11/29/2012		Name of Building Owner/Operator (2) Township of Livingston						
Agencies Notified	Type Notification	Street Address 333-357 South Livingston Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039						
		Name of Contact _____ Telephone Number _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 26 Monmouth Court		Square Feet	# of Floors					
City (5) Livingston		Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Community Center						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation					
Street Address 120 N. Warren Street		Street Address 235 Watchung Ave						
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code West Orange NJ 07052						
Project Manager for Monitoring Firm		Telephone No. 609-392-4200	Telephone No. 973-243-9872					
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/14/2012	License No. 01171					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Long Island Analytical						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other-Describe: open during business hours 8:00-4:00pm		Street Address 110 Colin Drive						
		City, State, Zip Code Holobrook NY 11741						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
2nd Floor Stair 204		x	VAT & Mastic	237sf	x			
2nd Floor Room 201		x	VAT & Mastic	240sf	x			
2nd Floor Room 203		x	VAT & Mastic	25sf	x			
2nd Floor Room 214		x	VAT & Mastic	60sf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ			Disposal Date	City, State Morrisville PA				
Completed by Slawomir Kielczewski		Title President	Signature <i>Slawomir Kielczewski</i>		Date 12/06/2012			



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Date of Notification (1) 11/29/2012		CONTINUATION SHEET #1		Name of Building Owner/Operator (2) Township of Livingston	
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Livingston, NJ 07039	
				Name of Contact _____ Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 26 Monmouth Court				Square Feet _____ # of Floors _____ Bldg. Age _____	
City (5) Livingston					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Community Center	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.			ASCM No. _____		Name of Abatement Contractor (9) Kielczewski Corporation
Street Address 120 N. Warren Street			Street Address 235 Watchung Ave		
City, State, Zip Code Trenton NJ 08608			City, State, Zip Code West Orange NJ 07052		
Project Manager for Monitoring Firm _____			Telephone No. 609-392-4200		Telephone No. 973-243-9872
					License No. 01171
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/14/2012		Name of OSHA Monitor Long Island Analytical	
Occupancy Status During Abatement (Check Only One)				Street Address 110 Colin Drive	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: open during business hours 8:00-4:00pm				City, State, Zip Code Holobrook NY 11741	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
2nd Floor Room 217		x		VAT & Mastic	60sf
2nd Floor Room 219		x		VAT & Mastic	414sf
2nd Floor Corridor 200		x		VAT & Mastic	530sf
2nd Floor Room 215		x		VAT & Mastic	81sf
Name of Registered Waste Hauler Circle Rubbish			NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste _____	Name of Registered Landfill Tullytown Resource Facility
City, State Linden NJ			Disposal Date _____		City, State Morrisville PA
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>	
				Date 12/06/2012	



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
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Date of Notification (1) 11/29/2012		CONTINUATION SHEET #2		Name of Building Owner/Operator (2) Township of Livingston		2012 DEC 13 PM 10:48	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 333-357 South Livingston Avenue		ASBESTOS CONTROL & LICENSING	
				City, State, Zip Code Livingston, NJ 07039		Telephone Number	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 26 Monmouth Court				Square Feet		# of Floors	
City (5) Livingston				Bldg. Age			
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.			ASCM No.		Name of Abatement Contractor (9) Kielczewski Corporation		
Street Address 120 N. Warren Street			Street Address 235 Watchung Ave				
City, State, Zip Code Trenton NJ 08608			City, State, Zip Code West Orange NJ 07052				
Project Manager for Monitoring Firm		Telephone No. 609-392-4200		Telephone No. 973-243-9872		License No. 01171	
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/14/2012		Name of OSHA Monitor Long Island Analytical			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: open during business hours 8:00-4:00pm				Street Address 110 Colin Drive			
				City, State, Zip Code Holbrook NY 11741			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure			
				<input type="checkbox"/> Glovebag Procedure			
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Yes No N/A					
1st Floor part of room 103		x		VAT & Mastic		250sf	
1st Stair 104		x		VAT & Mastic		237sf	
Part of corridor 112		x		VAT & Mastic		125sf	
1st Fl Stairwell smoke doors		x		lining/ caulking		96sf	
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste		Name of Registered Landfill Tullytown Resource Facility	
City, State Linden NJ		Disposal Date		City, State Morrisville PA			
Completed by Slawomir Kielczewski		Title President		Signature <i>Kielczewski</i>		Date 12/06/2012	



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**NOTIFICATION OF ASBESTOS ABATEMENT**  
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Date of Notification (1) 11/29/2012		CONTINUATION SHEET #3		Name of Building Owner/Operator (2) Township of Livingston					
Agencies Notified		Type Notification		Street Address 333-357 South Livingston Avenue					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Livingston, NJ 07039  Name of Contact _____ Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				Type of Facility (4)					
Street Address 26 Monmouth Court				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Livingston				Square Feet	# of Floors				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.			ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation					
Street Address 120 N. Warren Street			Street Address 235 Watchung Ave						
City, State, Zip Code Trenton NJ 08608			City, State, Zip Code West Orange NJ 07052						
Project Manager for Monitoring Firm			Telephone No. 609-392-4200	Telephone No. 973-243-9872	License No. 01171				
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/14/2012		Name of OSHA Monitor Long Island Analytical					
Occupancy Status During Abatement (Check Only One)				Street Address 110 Colin Drive					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: open during business hours 8:00-4:00pm				City, State, Zip Code Holobrook NY 11741					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
1st Floor Gymnasium Room 110		x		wire insulation	361f	x			
1st Floor Room 103		x		chalkboard mastic	150sf	x			
1st Floor Room 103		x		wood paneling mastic	1,700sf	x			
2nd Fl hallway smoke doors		x		lining/caulking	96sf	x			
Name of Registered Waste Hauler Circle Rubbish			NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ				Disposal Date	City, State Morrisville PA				
Completed by Slawomir Kielczewski			Title President	Signature <i>Kielczewski</i>		Date 12/06/2012			



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

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2012 DEC 13 PM 10:48

Date of Notification (1) 11/29/2012		CONTINUATION SHEET #4		Name of Building Owner/Operator (2) Township of Livingston					
Agencies Notified		Type Notification		Street Address					
<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 checked="" type="checkbox"/> Amended 3 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		333-357 South Livingston Avenue					
				City, State, Zip Code Livingston, NJ 07039					
				Name of Contact					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth Court Community Center				Type of Facility (4)					
Street Address 26 Monmouth Court				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Livingston				Square Feet	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Community Center					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.			ASCM No.		Name of Abatement Contractor (9) Kielczewski Corporation				
Street Address 120 N. Warren Street			Street Address 235 Watchung Ave						
City, State, Zip Code Trenton NJ 08608			City, State, Zip Code West Orange NJ 07052						
Project Manager for Monitoring Firm			Telephone No. 609-392-4200		License No. 01171				
Start Date (10) 12/03/2012		Scheduled Completion Date (11) 12/14/2012		Name of OSHA Monitor Long Island Analytical					
Occupancy Status During Abatement (Check Only One)				Street Address 110 Colin Drive					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other—Describe: open during business hours 8:00-4:00pm				City, State, Zip Code Holobrook NY 11741					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior doors		x		doors caulk	3001f	x			
Exterior windows Room 103		x		window caulk		x			
						x			
						x			
Name of Registered Waste Hauler Circle Rubbish			NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility			
City, State Linden NJ			Disposal Date		City, State Morrisville PA				
Completed by Slawomir Kielczewski			Title President		Signature <i>Kielczewski</i>		Date 12/06/2012		



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1212-1703  
Check #: 2946

**RECEIVED**

Date of Notification (1) <b>12/11/12</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>15279 North Scottsdale Road Suite 400</b>	
		City, State & Zip Code <b>Scottsdale, AZ 85254</b>	
		Name of Contact <b>Mr. Jay Elgert</b>	
		Phone Number 	

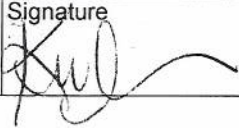
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>2 Pheasant Lane</b>			Square Feet <b>2371</b>	# of Floors <b>1</b>	Bldg. Age <b>53</b>
City (5) <b>Willingboro</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Property</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>		License Number <b>00862</b>
Scheduled Start Date (10) <b>12/27/12</b>	Scheduled Completion Date (11) <b>1/10/13</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Throughout</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos Debris</b>	<b>40 cy</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>20 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior Soffit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Transite Material</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Sheathing below vinyl siding</b>	<b>1,300 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throughout</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Cleaning</b>	<b>2500 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>4/13/12</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>3/23/12</b>



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

RECEIVED

Date of Notification (1) <b>12/07/2012</b>		Name of Building Owner/Operator (2) <b>North Brunswick TOD Associates</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <b>2300 US Route 1 North</b>		City, State, Zip Code <b>North Brunswick, NJ 08902</b>					
Name of Contact <b>Nimish Patel</b>		Telephone Number <b>49</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Space</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <b>2300 US Route 1 North</b>		Square Feet <b>200,000</b>					
City (5) <b>North Brunswick</b>		# of Floors <b>2</b>					
County (6) <b>Middlesex</b>		Bldg. Age <b>60+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Commercial Space</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>					
City, State, Zip Code		Street Address <b>145 Mill Street</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>Paterson, NJ 07501</b>					
Telephone No.		Telephone No. <b>973-553-5374</b>					
Start Date (10) <b>12/8/2012</b>		License No. <b>01108</b>					
Scheduled Completion Date (11) <b>1/30/2013</b>		Name of OSHA Monitor <b>Valiant Associates, LLC</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>145 Mill Street</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Paterson, NJ 07501</b>					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>Building 8 - Throughout</b>	X	<b>Elbow Insulation</b>	<b>50 LF</b>	X			
<b>Building 8 - Mechanical Room Closet</b>	X	<b>Floor tiles/Mastic</b>	<b>150 SF</b>	X			
<b>Building 8 - Room next to Mechanical Room</b>	X	<b>Floor tiles/Mastic</b>	<b>80 SF</b>	X			
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>New Castle, DE</b>		Disposal Date <b>1/30/2013</b>	City, State <b>Waynesburgh, OH</b>				
Completed By <b>Miodrag Stamenovic</b>	Title <b>Project Manager</b>	Signature <i>M. Stamenovic</i>	Date <b>12/07/2012</b>				

ASB41

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



REMEMBER - MAIL IN HARD COPY

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:13)

DOI - 10 DAY

Date of Notification (1) <b>12/07/2012</b>		Name of Building Owner/Operator (2) <b>North Brunswick TDD Associates</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address <b>2300 US Route 1 North</b>		City, State, Zip Code <b>North Brunswick, NJ 08902</b>	
Name of Contact <b>Nimish Patel</b>		Telephone Number <b>732-413-5000</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Space</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>2300 US Route 1 North</b>		Square Feet <b>200,000</b>	
City (5) <b>North Brunswick</b>		# of Floors <b>2</b>	
County (6) <b>Middlesex</b>		Bldg Age <b>60+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>Commercial Space</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Valiant Associates, LLC</b>	
City, State, Zip Code		Street Address <b>145 Mill Street</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Paterson, NJ 07501</b>	
Telephone No.		Telephone No. <b>973-553-8374</b>	
Start Date (10) <b>12/8/2012</b>		Scheduled Completion Date (11) <b>1/30/2013</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Valiant Associates, LLC</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 250 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Street Address <b>145 Mill Street</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		City, State, Zip Code <b>Paterson, NJ 07501</b>	
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)	
Building 8 - Throughout		Elbow Insulation	
Building 8 - Mechanical Room Closet		Floor tiles/Mastic	
Building 8 - Room next to Mechanical Room		Floor tiles/Mastic	
Amount (Specify SF or LF)		Abatement Type	
50 LF		Removal	
150 SF		Repair	
80 SF		Encapsulate	
		Enclosure	
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No <b>20990</b>	
City, State <b>New Castle, DE</b>		Cubic Yards of Waste <b>5</b>	
Disposal Date <b>1/30/2013</b>		Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Waynesburgh, OH</b>		Signature <b>M. Stamenovic</b>	
Completed By <b>Miodrag Stamenovic</b>		Title <b>Project Manager</b>	
Date <b>12/07/2012</b>			

A8841

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



**State of New Jersey** **1212-4580**  
**NOTIFICATION OF ASBESTOS ABATEMENT** **Check #4785**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**RECEIVED**

Date of Notification (1) <b>12/11/12</b>		Name of Building Owner / Operator (2) <b>NJ Transit</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address <b>One Penn Plaza East</b>		City, State & Zip Code <b>Newark, NJ 07105-2246</b>							
Name of Contact <b>Russell Samaroo</b>		Telephone Number <b>2012 DEC 13 PM 10:19</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Far Hills Train Station</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 <b>Route 202 &amp; Far Hills Road</b>		Square Feet      # of Floors      Bldg. Age							
City (5) <b>Far Hills</b>	County (6) <b>Somerset</b>	County Code (7)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.							
Street Address <b>1253 North Church Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
City, State & Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>PO Box 25</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone Number <b>856-840-8800</b>							
Scheduled Start Date (10) <b>12/26/12</b>		Scheduled Completion Date (11) <b>12/29/12</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Current Use (Prior if being demolished) <b>Train Station</b>							
Name of OSHA Monitor <b>EMSL Analytical</b>		Street Address <b>108 Haddon Ave.</b>							
City, State & Zip Code <b>Westmont, NJ 08108</b>		Telephone Number <b>609-265-2107</b>							
License Number <b>00529</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>First Floor Waiting Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>60 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>35 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>TRRF Landfill</b>			
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/29/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>		Signature <i>Gwen Trumbetti</i>		Date <b>12/11/12</b>			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**1207-4513**

**Check #**

**RECEIVED**

Date of Notification (1) <b>12/7/12</b>		Name of Building Owner / Operator (2) <b>Camden City Public Schools</b>	
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	Street Address <b>201 North Front Street</b>	
	<input type="checkbox"/> Initial	City, State & Zip Code <b>Camden, NJ 08102</b>	
	<input checked="" type="checkbox"/> Amended #2	Name of Contact <b>Celeste Ricketts</b>	
	<input type="checkbox"/> Emergency	Telephone Number	
<input type="checkbox"/> Cancellation			

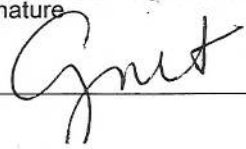
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Camden City Administration 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 <b>201 North Front Street</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Camden</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Administration Building</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>PARS Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>500 Horizon Drive, Suite 540</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Robbinsville, NJ 08691</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Firoz Jan</b>		Telephone Number <b>215-435-3674</b>	Telephone Number <b>609-265-3207</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>11/12/12</b>	Scheduled Completion Date (11) <b>12/12/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout 2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation/Elbows/Fittings	563 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>12/12/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Office Coord.</b>	Signature 	Date <b>12/7/12</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:12)

**1211-4575**  
**Check #4712**

**RECEIVED**

Date of Notification (1) <b>12/10/12</b>		Name of Building Owner / Operator (2) <b>Verizon Communications</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>100 Greenwood Ave.</b>	
		City, State & Zip Code <b>Jenkintown, PA 19046</b>	
		Name of Contact <b>Alex Baylor</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>588 Route 9</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Bayville</b>	County (6) <b>Ocean</b>	County Code (7)	Current Use (Prior if being demolished) <b>Offices</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>8436 Enterprise Ave.</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Philadelphia, PA 19153</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>12/10/12</b>	Scheduled Completion Date (11) <b>12/11/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

- ☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf  $\geq 260$  lf

- ☒ Renovation  
☐ Demolition

- ☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove/Bag Procedures  
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>First Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>60 SF Total</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

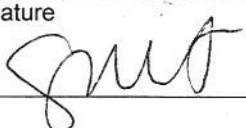
Name of Registered Waste Hauler <b>AbateTech, Inc</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/11/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature <i>Gwen Trumbetti</i>		Date <b>12/10/12</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**1211-4577**  
**Check #4715**

**RECEIVED**

Date of Notification (1) <b>12/10/12</b>		Name of Building Owner / Operator (2) <b>Seton Hall University</b>		2012 DEC 13 PM 10:18	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>400 South Orange Ave.</b> City, State & Zip Code <b>South Orange, NJ 07079</b> Name of Contact <b>Michael Marconi</b>	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Seton Hall University- Mooney Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>400 South Orange Ave.</b>			Square Feet <b>10,000</b>		
City (5) <b>South Orange</b>			County (6) <b>Essex</b>		County Code (7)
			Current Use (Prior if being demolished) <b>University</b>		Bldg. Age <b>90</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc. 00529</b>	
Street Address <b>280 Huyler Street</b>				Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>South Hackensack, NJ 07606</b>				City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8700</b>		Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>12/10/12</b>	Scheduled Completion Date (11) <b>12/13/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>12/10 &amp; 12/11 working 2X shifts</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>3<sup>rd</sup> Floor Bathroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile, mastic &amp; plywood</b>	<b>900 SF</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/13/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>		Signature 	Date <b>12/10/12</b>



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1211-4577  
Check #4715

**RECEIVED**  
2012 DEC 13 PM 10:17  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>12/7/12</b>		Name of Building Owner / Operator <b>Seton Hall University</b>	
Agencies Notified	Type Notification	Street Address <b>400 South Orange Ave.</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>South Orange, NJ 07079</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact <b>Michael Marconi</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

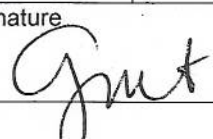
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Seton Hall University- Mooney Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>400 South Orange Ave.</b>			Square Feet <b>10,000</b>	# of Floors <b>2</b>	Bldg. Age <b>90</b>
City (5) <b>South Orange</b>	County (6) <b>Essex</b>	County Code (7)	Current Use (Prior if being demolished) <b>University</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc. 00529</b>		
Street Address <b>280 Huyler Street</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>South Hackensack, NJ 07606</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8700</b>	Telephone Number <b>609-265-3207</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>12/10/12</b>	Scheduled Completion Date (11) <b>12/13/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

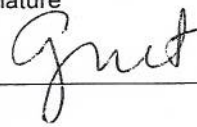
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>3<sup>rd</sup> Floor Bathroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile, mastic &amp; plywood</b>	<b>900 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/13/12</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Office Coord.</b>	Signature 	Date <b>12/7/12</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check #4714  
(Pursuant to N.J.A.C. 8:60 and 12:120) **RECEIVED**

1211-4577

Date of Notification (1) <b>12/5/12</b>		Name of Building Owner / Operator (2) <b>Seton Hall University</b>		2012 DEC 13 PM 10: 06					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>400 South Orange Ave.</b>						
			City, State & Zip Code <b>South Orange, NJ 07079</b>						
			Name of Contact <b>Michael Marconi</b>						
			Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Seton Hall University- Mooney Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Unoccupied <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>400 South Orange Ave.</b>			Square Feet <b>10,000</b>		# of Floors <b>2</b>				
City (5) <b>South Orange</b>		County (6) <b>Essex</b>	County Code (7)		Bldg. Age <b>90</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>			ASCM No.						
Street Address <b>280 Huyler Street</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc. 00529</b>						
City, State & Zip Code <b>South Hackensack, NJ 07606</b>			Street Address <b>PO Box 25</b>						
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>			Telephone Number <b>201-489-8700</b>		License Number <b>00529</b>				
Scheduled Start Date (10) <b>12/7/12</b>		Scheduled Completion Date (11) <b>12/9/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: 12/7 - 7PM- 3:30 AM, 12/8- 7AM-3:30 PM 12/9 8AM- 4:30PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>						
			City, State & Zip Code <b>Westmont, NJ 08108</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
3 <sup>rd</sup> Floor Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile, mastic, linoleum, plywood	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>TRRF Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/9/12</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>		Signature 			Date <b>12/5/12</b>		



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:129)

**1211-4577**  
**Check #4787**

**RECEIVED**

Date of Notification (1) <b>12/11/12</b>		Name of Building Owner / Operator (2) <b>Seton Hall University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address <b>400 South Orange Ave.</b>		City, State & Zip Code <b>South Orange, NJ 07079</b>	
Name of Contact <b>Michael Marconi</b>		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Seton Hall University- Mooney Hall</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 <b>400 South Orange Ave.</b>			Square Feet <b>10,000</b>		
City (5) <b>South Orange</b>			County (6) <b>Essex</b>		County Code (7)
Current Use (Prior if being demolished) <b>University</b>			# of Floors <b>2</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>			ASCM No.		
Street Address <b>280 Huyler Street</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
City, State & Zip Code <b>South Hackensack, NJ 07606</b>			Street Address <b>PO Box 25</b>		
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>			Telephone Number <b>201-489-8700</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>12/26/12</b>		Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>Double shifts 12/26-12/28, B/D 12/31</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

**Scope of Work (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>900 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/31/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 		Date <b>12/11/12</b>



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


*check # 2814*

Date of Notification (1) 12 / 12 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation					
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936					
Name of Contact KEN PIROZZI		Telephone Number 2012 DEC 13 PM 10:47					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
Street Address 1 HEALTH PLAZA		Building Age 40+					
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Square Feet 100,000				
			# Of Floors 2				
			Current Use (Prior if being demolished) OFFICE/RESEARCH				
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL		Name of Abatement Contractor (9) LVI Environmental Services Inc.					
Street Address 1600 ROUTE 22 EAST		Street Address 462 Getty Avenue					
City, State, Zip Code UNION, NJ 07083		City, State, Zip Code Clifton, NJ 07011					
Project Mngr. For Monitoring Firm MIKE NEHLSEN		Telephone Number 908-688-7800					
Scheduled Start Date (10) 12 / 26 / 12	Sched. Completion Date (11) 01 / 04 / 13	Telephone Number 973-772-3660	License Number 00117				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI - 7:00AM - 11:30PM		Name of OSHA Monitor LVI Environmental Services Inc. Street Address 462 Getty Avenue City, State, Zip Code Clifton, NJ 07011					
Scope of Work (Check All That Apply)  <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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			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
B415 - 1ST FL OFFICE AREA	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	FIREPROOFING	325 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 12/12/12			



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

RECEIVED  
DEC 13 PM 9:47  
ASBESTOS CONTROL  
& LICENSURE

Date of Notification (1) DECEMBER 11, 2011		Name of Building Owner/Operator (2) THE HOUSING AUTHORITY OF THE CITY OF ELIZABETH							
Agencies Notified	Type Notification	Street Address 688 MAPLE AVENUE							
<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	City, State, Zip Code ELIZABETH, NJ 07201							
		Name of Contact MIKE MEDEIROS							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) FORD LEONARD APARTMENTS #201		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 69 DIVISON STREET		Square Feet 60000SF	# of Floors 5						
City (5) ELIZABETH		Bldg. Age 55+YRS							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BUILDING							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) FINISHING TOUCH ASBESTOS ABATEMENT						
Street Address		Street Address 17 THOMPSON STREET							
City, State, Zip Code		City, State, Zip Code WEST LONG BRANCH, NJ 07764							
Project Manager for Monitoring Firm		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) 12/21/12	Scheduled Completion Date (11) 12/21/12	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: APT IS VACANT		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
APARTMENT 201			X	VAT	600 SF	X			
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS ABATEMENT		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 3.8 CY	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 12/22/12		City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 				Date 12/11/12	







CHECK #  
2551

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

RECEIVED  
2012 DEC 13 PM 9:24

Date of Notification (1) 12/11/12		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 300 77 TH ST.		City, State, Zip Code SEA ISLE CITY, N.J. 08052	
Name of Contact FRANK EDUARDI		Telephone Number PA	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 7113 LANDIS AVE.		Square Feet # of Floors Bldg. Age	
City (5) SEA ISLE CITY		Current Use (Prior if being demolished) VACANT	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 12/24/12		License No. 00444	
Scheduled Completion Date (11) 12/31/12		Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE AVE.	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE		Amount (Specify SF or LF) 2500lb	
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	
City, State MAPLE SHADE, N.J.		Cubic Yards of Waste Disposal Date	
Name of Registered Landfill C.M.C.M.V.A.		City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM		Title V/P	
Signature Joseph Klemm		Date 12/11/12	



CHECK #  
2551

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

RECEIVED  
DEC 13 PM 9:26

Date of Notification (1) <u>12/11/12</u>		Name of Building Owner/Operator (2) <u>EMPH TECH CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08730</u>					
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>908-230-1111</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>2331 RT. 9</u>		Square Feet <u>1000</u>					
City (5) <u>OCEAN VIEW, N.J.</u>		# of Floors <u>2</u>					
County (6) <u>CAPE MAY</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>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address <u>N/A</u>		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>					
Telephone No.		License No. <u>00444</u>					
Start Date (10) <u>12/24/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Scheduled Completion Date (11) <u>12/31/12</u>		Street Address <u>369 S. SPRUCE AVE.</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> 2310 or 2311 <input type="checkbox"/> 2160 or 2260 <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Encapsulation
<u>SIPIRU</u>			<u>TRANSITE</u>	<u>400 #</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>5</u>		Name of Registered Landfill <u>C.M.C. M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>		Date <u>12/11/12</u>			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*No check*

**RECEIVED**

Date of Notification (1) <b>12/6/12</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Children and Families</b>	
Agencies Notified	Type Notification	Street Address <b>P.O. Box 710 Quakerbridge Plaza</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08625</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1-12/7/12	Name of Contact <b>Ronald Wybraniec</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" 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) <b>ARTHUR BRISBANE YOUTH TREATMENT CENTER</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>Non Sub 8</b>		
Street Address <b>Allaire Road</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Farmingdale</b>			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Monmouth</b>	County Code (7)	Square Feet <b>60000</b>	# of Floors <b>4</b>	Bldg. Age <b>50+</b>	
Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Collection</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>			
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Trenton, New Jersey 08608</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>		License Number <b>00509</b>	
Scheduled Start Date (10) <b>12/7/12</b>		Scheduled Completion Date (11) <b>12/7/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 Beaver Street</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code <b>Bristol, PA 19007</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm					
Describe:					
<input checked="" type="checkbox"/> Facility Occupied During Abatement <b>9AM to 5 PM</b>					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Fire Door SF</b>	<b>21</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Debris SF</b>	<b>100</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>12/7/12</b>	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>12/6/12</b>



APPROVED: TOM VOORHEES

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) <b>12/6/12</b>		Name of Building Owner / Operator <b>State of New Jersey Department of Children and Families</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 710 Quakerbridge Plaza</b> City, State & Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Ronald Wybraniec</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Regional School - Burlington Campus</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>Non Sub 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>Allaire Road</b>			Square Feet <b>60000</b>		
City (5) <b>Farmingdale</b>			County (6) <b>Monmouth</b>		County Code (7)
			Bldg. Age <b>50+</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Collection</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, New Jersey 08608</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>			Telephone Number <b>609-392-4200</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>12/7/12</b>		Scheduled Completion Date (11) <b>12/7/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement <b>9AM to 5 PM</b>			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure           |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                    |
|  |  | <input type="checkbox"/> Glove Bag Procedures                              |
|  |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Door SF	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris SF	100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>12/7/12</b>	City, State <b>Waynesburg, Ohio</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>12/6/12</b>



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

**RECEIVED**

Date of Notification (1) 10 / 19 / 12		Name of Building Owner/Operator (2) Willingboro Broad of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2-11/5/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>440 Beverly-Rancocas Rd</b> City, State, Zip Code <b>Willingboro, NJ 08046</b> Name of Contact <b>Kelvin Smith</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Willingboro High School</b>		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 and commercial buildings, homes, etc.)							
Street Address <b>20 Kennedy Way</b>									
City (5) <b>Willingboro</b>	Square Feet <b>75,000</b>	# of Floors <b>2</b>	Bldg. Age <b>40+</b>						
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>High School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address <b>1253 N. Church St</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Jim Guillard</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) 12 / 7 / 12	Scheduled Completion Date (11) 12 / 8 / 12	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:00PM/11:30PM-</u> AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms #301A & 302A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	177 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms # 405 thru # 409	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	627 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms #219 & #221	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	246 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's and Girl's locker room offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	380 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>			Date <b>12/6/12</b>			

ASB-41 B512066  
MAY 11

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

WALTON SIMONAV 12/9/12



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

**RECEIVED**

Date of Notification (1) <b>10 / 19 / 12</b>			Name of Building Owner/Operator (2) <b>Willingboro Broad of Education</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-11/5/12</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>440 Beverly-Rancocas Rd</b> City, State, Zip Code <b>Willingboro, NJ 08046</b> Name of Contact <b>Kelvin Smith</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Willingboro High School</b>			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 and commercial buildings, homes, etc.)						
Street Address <b>20 Kennedy Way</b>									
City (5) <b>Willingboro</b>			Square Feet <b>75,000</b>	# of Floors <b>2</b>	Bldg. Age <b>40+</b>				
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>High School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>1253 N. Church St</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-840-8800</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <b>11 / 2 / 12</b>		Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-3:00PM/11:30PM-AM</b>			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms #301A & 302A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	177 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms # 405 thru # 409	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	627 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms #219 & #221	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	246 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's and Girl's locker room offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	380 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>				Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>11/5/12</b>			



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

RECEIVED  
CL# 2362  
2012 DEC 13 PM 9:22

Date of Notification (1) 10 / 19 / 12		Name of Building Owner/Operator (2) Willingboro Broad of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 6390 <input checked="" type="checkbox"/> DHSS 4606 <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 440 Beverly-Rancocas Rd		City, State, Zip Code Willingboro, NJ 08046	
Name of Contact Kelvin Smith		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Willingboro 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 and commercial buildings, homes, etc.)	
Street Address 20 Kennedy Way		Square Feet 75,000	
City (5) Willingboro		# of Floors 2	
County (6) Burlington		Bldg. Age 40+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.	
Street Address 1253 N. Church St		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Jim Guildardi		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 856-840-8800		Telephone No. 215-788-6040	
Start Date (10) 11 / 2 / 12		License No. 00509	
Scheduled Completion Date (11) 12 / 31 / 12		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-3:00PM/11:30PM-AM		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 <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		City, State, Zip Code BRISTOL, PA 19007	

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
Rooms #301A & 302A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	177 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms # 405 thru # 409	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	627 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms #219 & #221	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	246 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boy's and Girl's locker room offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	380 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill 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 Brian Scafiro / jf		Date 10/19/12	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

APPROVED: TOM VOORHEES

CR# 2384

Date of Notification (1) <b>12/6/12</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Department of Children and Families</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 710 Quakerbridge Plaza</b>	
		City, State & Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>Ronald Wybraniec</b>	
		Telephone Number <b>7</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Regional School – Burlington Campus</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <u>Non Sub 8</u> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>Allaire Road</b>			Square Feet <b>60000</b>		
City (5) <b>Farmingdale</b>			# of Floors <b>4</b>		
County (6) <b>Monmouth</b>			Bldg. Age <b>50+</b>		
County Code (7)			Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Collection</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, New Jersey 08608</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>			Telephone Number <b>(215)788-6040</b>		
Telephone Number <b>609-392-4200</b>			License Number <b>00509</b>		
Scheduled Start Date (10) <b>12/7/12</b>		Scheduled Completion Date (11) <b>12/7/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement <b>9AM to 5 PM</b>			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure           |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                    |
|  |  | <input type="checkbox"/> Glove Bag Procedures                              |
|  |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Fire Door SF</b>	<b>21</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Debris SF</b>	<b>100</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>12/7/12</b>	City, State <b>Waynesburg, Ohio</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / jlc</i>		Date <b>12/6/12</b>



RECEIVED  
2 DEC 13 PM 9:10

ARMED SERVICES CONTROL  
& LICENSING



RECEIVED  
2012 DEC 13 PM 9:19  
SVP Architects Incorporated

<u>MATERIAL</u>	<u>ASBESTOS</u>	<u>LOCATION(S)</u>	<u>QUANTITY</u>
Block Insul	40% Chry.	Throughout	60 sf
Aircell Insul	30-40% Chry	Throughout	355 lf
12" x 12" Cream Floor Tile	8-10% Chry	First Floor	6350 sf
9" x 9" Green Floor Tile	8% Chry	Second Floor	60 sf
9" x 9" Tan Floor Tile	3% Chry	Second Floor	150 sf
Window Glazing	2-3% Chry	Throughout	1,700 sf
Roof Parapet Sealant	20-30% Chry	Roof	4,000 sf
Roof Membrane	2% Chry	Roof	29,000 sf
Roof Flashing	30% Chry	Roof	500 sf

(CODE: Chry – Chrysotile / Amos – Amosite / Trem – Tremolite / Croc – Crocidolite)

### G 1.2 Lead Based Paint Survey

During the building inspection samples of paint were collected from representative painted substrates found on interior surfaces of the structure. The samples were delivered to EMSL Analytical, Inc. in Westmont, NJ for analysis by flame atomic absorption spectroscopy (AAS) to determine the lead content of the paint.

Following is a summary of the results of the analysis of the lead content of the paint films sampled from the stated representative substrates:

Green Wall Paint – 2.5% lead By Weight

Gray Wall Paint – 17% Lead By Weight

Blue Wall Paint - .55% Lead By Weight

The US Environmental Protection Agency (USEPA) and the US Department of Housing and Urban Development (US HUD) have defined a level of 1.0 milligram of lead per centimeter squared of paint film surface (1.0 mg/cm<sup>2</sup>) or 0.5 % lead by weight as being lead-based paint (LBP). This defined limit is used to evaluate the potential risk to human health in residential settings where the paint is in poor condition, or where renovation activities may cause disturbance of the paint that could result in human exposure.



CK  
023520

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

RECEIVED

Date of Notification (1)  
1 / 2 / 04 / 1 / 2

Agencies Notified  
[X] EPA  
[ ] DEP  
[X] DOL  
[X] DOH  
[ ] DCA  
Type of Notification  
[X] Initial  
[ ] Amended  
Amendment #  
[ ] Emergency (including  
Justification)  
[ ] Cancellation

Name of Building Owner/Operator (2)  
Pijush Sen

Street Address  
303 South Feltus Street

City, State, Zip Code  
South Amboy, NJ 08879

Name of Contact  
Pijush Sen

Telephone Number

2012 DEC 13 PM 9:18

ASBESTOS CONTROL  
& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential  
Street Address

312 Bordentown Avenue

City (5)

County (6)

Middlesex

County Code (7)  
(STATE USE ONLY)

South Amboy

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Street Address

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

1 / 2 / 1 / 7 / 1 / 2  
Month / Day / Year

Scheduled Completion Date (11)

1 / 2 / 3 / 0 / 1 / 2  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

- [X] Facility Closed/Vacated During Entire Period  
of Abatement  
[ ] Abatement Performed Outside of Normal Facility Hours  
[ ] Other - Describe:

Scope of Work (Check all that apply)

- [ ]  $\geq 3$  sf or  $\geq 3$  lf  
[X]  $\geq 160$  sf or  $\geq 260$  lf

- [X] Renovation  
[ ] Demolition

- [ ] Full Containment With Negative Pressure  
[ ] Mini-Enclosure  
[X] Glovebag Procedure  
[X] 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				
				R	E	N	E	
	Yes	No	N/A	M	O	P	A	
				V	A	S	U	
				L	R	L	E	
Basement		X	Pipe Insulation	125 LF	X			
Roof		X	Shingles	1250 SF	X			

Name of Registered Waste Hauler

NJDEP Waste  
Hauler ID No.  
17819

Cubic Yards of Waste

Name of Registered Landfill

G.R.O.W.S

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Disposal Date

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

12/4/2012

G4667



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

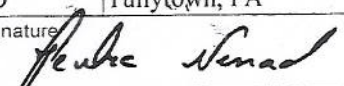
RECEIVED

Date of Notification (1) 12/7/12		Name of Building Owner/Operator (2) The College of New Jersey		2012 DEC 13 PM 9:17					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #002 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 Pennington Road <b>ASBESTOS CONTROL &amp; LICENSING</b> City, State, Zip Code Ewing, NJ 08628 Name of Contact David Jurkin Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Cromwell Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 2000 Pennington Road				Square Feet 54000	# of Floors 6				
City (5) Ewing				Bldg. Age 20+					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Dormitory					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 0112		Name of Abatement Contractor (9) Mattiola Services, LLC					
Street Address 344 West State Street				Street Address 2082 b Lucon Road					
City, State, Zip Code Trenton, NJ 08618				City, State, Zip Code Skiptack, PA 19474					
Project Manager for Monitoring Firm William Weisgarber, Jr.		Telephone No. 609.656.8101		Telephone No. 610.539.5634	License No. 01077				
Start Date (10) 12/26/12		Scheduled Completion Date (11) 1/31/13		Name of OSHA Monitor Mattiola Services, LLC					
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 2082 B Lucon Road					
				City, State, Zip Code Skiptack, PA 19474					
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"/> WRAP + CUT <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
1st Floor		X		Roof drain insulation	9LF	X			
1st Floor		X		Fittings & joint insulation	25 LF	X			
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste <5	Name of Registered Landfill Waste Management, Inc.				
City, State Keyport, NJ				Disposal Date	City, State Tullytown, PA				
Completed by Caroline M. Harper		Title Project Manager		Signature Caroline Harper		Date 12/10/12			



# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

MO# 147490

Date of Notification (1) 12 / 10 / 12		Name of Building Owner/Operator (2) Gena Siembab		<div>RECEIVED</div> <div>2012 DEC 13 PM 9:17</div> <div>ASBESTOS CONTROL &amp; LICENSING</div> <div>Telephone Number</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 432 Fern Avenue City, State, Zip Code Lyndhurst, NJ 07071 Name of Contact Gena Siembab			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 432 Fern Avenue City (5) Lyndhurst, NJ 07071				Square Feet	# of Floors				
County (6) Bergen				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	License No. 01127				
Start Date (10) 12 / 19 / 12		Scheduled Completion Date (11) 12 / 20 / 12		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >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"/> Clean up and decontamination <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipes insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows insulation	10 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470				Disposal Date TBD	City, State Tullytown, PA				
Completed By (Print or Type) N. Jevtic		Title Owner		Signature 		Date 12/10/2012			