

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

B & G proj. #: 2012-237

Check # 5644

RECEIVED

Date of Notification (1) <u>12/10/12</u>		Name of Building Owner/Operator (2) <u>Michael Basile</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>63 Orchard Street</u>		City, State, Zip Code <u>Summit, NJ 07901</u>	
Name of Contact <u>Michael Basile</u>		Telephone Number <u></u>	

FACILITY INFORMATION

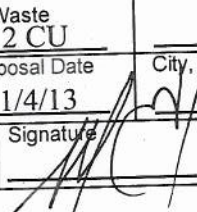
Name of facility where abatement is taking place (3) <u>same</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>63 Orchard Street</u>			Square Feet <u></u>		
City (5) <u>Summit, NJ 07901</u>			# of Floors <u></u>		
County (6) <u>Union</u>			Bldg. Age <u></u>		
County Code (7) (State use only)			Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No. <u></u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u></u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u></u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u></u>		Phone Number <u></u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>12/21/2012</u>		Sched. Completion Date (11) <u>12/21/2012</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <u></u> <input type="checkbox"/> Other-Describe: <u></u>					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>					
Street Address <u>105 Ryerson Road</u>					
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					

Scope of Work (check all that apply)										
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure		<input checked="" type="checkbox"/> Glovebag procedure				
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Mini-enclosure		<input type="checkbox"/> Non-friable procedure				
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement boiler room				<input checked="" type="checkbox"/>	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room				<input checked="" type="checkbox"/>	pipe insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
old porch area				<input checked="" type="checkbox"/>	pipe insulation	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>1 yard</u>		Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>				
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>12/24/12</u>		City, State <u>Tullytown, PA</u>						
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>		Signature <u>Gordana Luna</u>				Date <u>12/11/2012</u>		

CK #24990

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

RECEIVED

Date of Notification (1) <u>12/11/12</u>		Name of Building Owner/Operator (2) <u>Mr. Jim Hassan</u>							
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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>439 Cedar Avenue</u>							
		City, State, Zip Code <u>Highland Park, NJ 08904</u>							
		Name of Contact <u>Jim Hassan</u>	Telephone Number _____						
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>439 Cedar Avenue</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>						
City (5) <u>Highland Park, NJ</u>		Bldg. Age <u>75</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswick, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>1/2/13</u>	Scheduled Completion Date (11) <u>1/4/13</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>80LF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/4/13</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>12/11/12</u>						

CK
29754

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

Date of Notification (1) 12/13/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	

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2012 DEC 14 PM 10:49

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& LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- E-Quad B123		Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)	
Street Address Princeton University		Square Feet	# of Floors
		10000	3
City (5) Princeton		County (6)	Bldg. Age
		County Code (7) (STATE USE ONLY)	50+
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		Current Use (Prior if being demolished) University	
Street Address 515 Grove Street Suite 1B		Name of Abatement Contractor (9) Associated Specialty Contracting	
City, State, Zip Code Haddon Heights NJ		Street Address 98 LaCrue Avenue	
Project Manager of Monitoring Firm Alan Lloyd		City, State, Zip Code Glen Mills, PA 19342	
Telephone Number 856-547-0505		Telephone Number 610-364-9622	Licence Number 1103
Scheduled Start Date (10) 12/26/12 Month/Day/Year	Sched. Completion Date (11) 12/28/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs	
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: 7:00 AM - 5:00 PM Other - Describe:		Street Address 3370 Progressive Drive	
		City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply)

Demolition	Renovation	Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 lf		Mini - Enclosure
>160 sf or >260 lf		Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement B123		<input checked="" type="checkbox"/>		floor tile and mastic	150 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 12-13-12
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**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

Check # 2817

Date of Notification (1) 11 / 30 / 12		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1128 Walnut Street		City, State, Zip Code Philadelphia, PA	
Name of Contact John Luxford		Telephone Number 484-505-1101	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bank of America		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 1285 Bound Brook Road		Square Feet 200,000	
City (5) Middlesex		County (6) Middlesex	
County Code (7) 8846		# Of Floors 3	
Current Use (Prior if being demolished) Bank		Building Age 40 +	
Name of Monitoring Firm Hired by Bldg. Owner (8) Arcadis		ASCM NO LVI Environmental Services Inc.	
Street Address 655 Third Avenue 12th Floor		Street Address 462 Getty Avenue	
City, State, Zip Code New York, NY		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Scheduled Start Date (10) 12 / 22 / 12		Sched. Completion Date (11) 12 / 30 / 12	
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: <u> </u> sat/sun <input checked="" type="checkbox"/> Other - Describe: <u> </u> 1:00 PM to 10:00 PM		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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Teller Liner	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Floor Tiles	500 SQ Feet
MENS LOCKER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Ralph Barnhardt		Title Operation Manager	Signature <i>Ralph Barnhardt</i> Date 12/13/12

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

Date of Notification (1) 11 / 30 / 12		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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 1128 Walnut Street		City, State, Zip Code Philadelphia, PA	
Name of Contact John Luxford		Telephone Number _____	

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2012 DEC 14 PM 10:48
CONTROL
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FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bank of America			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 1285 Bound Brook Road			Square Feet 200,000		
City (5) Middlesex	County (6) Middlesex	County Code (7) 8846	# Of Floors 3	Building Age 40 +	
Current Use (Prior if being demolished) Bank					
Name of Monitoring Firm Hired by Bldg. Owner (8) Arcadis		ASCM NO LVI Environmental Services Inc.			
Street Address 655 Third Avenue 12th Floor		Street Address 462 Getty Avenue			
City, State, Zip Code New York, NY		City, State, Zip Code Clifton, NJ 07011			
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271			
Schedul Start Date (10) 12 / 15 / 12		Sched. Completion Date (11) 12 / 23 / 12		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: ___ M-F <input checked="" type="checkbox"/> Other - Describe: ___ 1:00 PM to 10:00 PM			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 TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Teller Liner	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor Tiles	500 SQ Feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENS LOCKER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input checked="" 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 I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105	

Completed by (Print or Type) Ralph Barnhardt	Title Operation Manager	Signature <i>Ralph Barnhardt</i>	Date 11/30/12
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1

check # 1312

Date of Notification (1) 12-5-12		Name of Building Owner/Operator (2) Florham Park Board of Education							
Agencies Notified	Type Notification	Street Address 71 Ridgedale Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Florham Park, NJ 07932							
		Name of Contact Philip Infantolino							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridgedale Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 71 Ridgedale Ave		Square Feet 40,000+	# of Floors 2						
City (5) Florham Park		Bldg. Age 60+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Precision environmental Consultants		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address Unit 122 3111 Route 38, Ste 11		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Mt. Laurel, NJ 08054		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Rosa Izzi		Telephone No. 609-914-0785	Telephone No. 201-710-9725						
		License No. 01084							
Start Date (10) 12-27-12	Scheduled Completion Date (11) 12-30-12	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Tunnel 016		X		O&M Elbow	0.5 LF				
Room 017 "Records Room"		X		O&M 3 Elbows	2LF				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>				Date 12-5-12	

EDS12-189-2

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

Page 1 of 1

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check # 1315

Date of Notification (1) 12-5-12		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 920 Park Ave		City, State, Zip Code Plainfield, NJ 07060							
Name of Contact Harold Gee		Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Plainfield High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 925 Arlington Ave		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725						
License No. 01084		Name of OSHA Monitor GL Group, Inc							
Start Date (10) 12-7-12	Scheduled Completion Date (11) 12-9-2012	Street Address 140 Hamburg Turnpike							
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 Bloomingdale, NJ 07403							
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
Auditorium Stage		X		O&M Ceiling Plaster Debris	8 SF				
Auditorium Stage		X		O&M Clean Up	500SF				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.	Signature 			Date 12/5/2012			

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

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

Date of Notification (1) 12/07/12		Name of Building Owner/Operator (2) Justin Cutlip							
Agencies Notified	Type Notification	Street Address 14 Stafford Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Justin Cutlip	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 139 Woodland Avenue		Square Feet N/A	# of Floors N/A						
City (5) Morristown		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 12/21/12		Scheduled Completion Date (11) 12/22/12	License No. #00675						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Name of OSHA Monitor D&S Abatement, Inc.							
		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor		X		floor tile under carpet	300 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20096		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 12/07/12			

MO
20113268343

Print Form

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

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2012 DEC 14 PM 7:40

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) December 7, 2012		Name of Building Owner/Operator (2) Estate of Edward Chubb	
Agencies Notified	Type Notification	Street Address 56 Mountain Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Caldwell, NJ 07006	
		Name of Contact Andy Kieppe	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address 56 Mountain Avenue		<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) North Caldwell		Square Feet N/A	# of Floors N/A
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	License No.
		973-345-8685	#00675
Start Date (10) 12/20/12	Scheduled Completion Date (11) 12/21/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

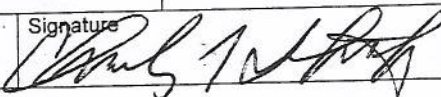
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		floor tiles	550 SF	X			
BASEMENT		X		pipe insulation	80 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusnin	Title Project Manager	Signature <i>Deanna Brkusnin</i>		Date 12/07/12	

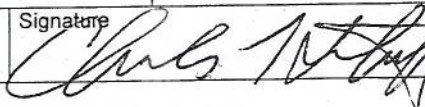
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)

Check # 21518

Date of Notification (1) 12 / 10 / 12		Name of Building Owner/Operator (2) Ullman Family Partnership							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 3900 Millenia Blvd.							
		City, State, Zip Code Orlando, FL 32839							
		Name of Contact Thomas Bauer							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former State Farm Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 1750 Route 23		Square Feet 100,000	# of Floors 1						
City (5) Wayne		Bldg. Age 40+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) R.A. West Associates, Inc.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 2865 South Eagle Road #359		Street Address 500 East Luzerne Street							
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Bob West	Telephone No. 215-860-5026	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 12 / 06 / 12	Scheduled Completion Date (11) 01 / 27 / 13	Name of OSHA Monitor SAME AS ABOVE							
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: 7AM-5PM PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black Floor Mastic	61,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Sills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Window Sills	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flue Breeching	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Gasket on two boilers	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste n/a	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date n/a		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature 		Date 12/10/12			

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

Page #2

Date of Notification (1) 12 / 10 / 12		Name of Building Owner/Operator (2) Ullman Family Partnership							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 3900 Millenia Blvd.							
		City, State, Zip Code Orlando, FL 32839							
		Name of Contact Thomas Bauer	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former State Farm Building		Type of Facility (4) <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 1750 Route 23		Square Feet 100,000	# of Floors 1						
City (5) Wayne		Bldg. Age 40+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) R.A. West Associates, Inv.		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 2865 South Eagle Road #359		Street Address 500 East Luzerne Street							
City, State, Zip Code Newtown, PA 18940		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Bob West	Telephone No. 215-860-5026	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 12 / 06 / 12	Scheduled Completion Date (11) 01 / 27 / 13	Name of OSHA Monitor SAME AS ABOVE							
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: 7AM-5PM/ _____ PM-_____ AM		Street Address City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Lining	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation on one tank	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste n/a	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124			Disposal Date n/a	City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager	Signature 		Date 12/10/12				

CHECK#
2555

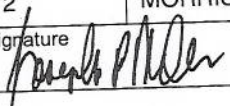
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) <u>12/12/12</u>		Name of Building Owner/Operator (2) <u>EMERSON</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <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. 08123-1003</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>908-231-1003</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>3312 WEST AVE</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>
City (5) <u>OLESA CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County (6) <u>CARLEMAN</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Street Address		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
City, State, Zip Code		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>
Project Manager for Monitoring Firm		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Start Date (10) <u>12/24/12</u>		Scheduled Completion Date (11) <u>12/31/12</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2310 SF or 2311 <input type="checkbox"/> 2160 SF or 2260 SF		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
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)	
Renovation <input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIPING</u>		Amount (Specify SF or LF) <u>2000 LF</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>12/12/12</u>	

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) DEC. 12, 2012		Name of Building Owner/Operator (2) THE HOUSING AUTHORITY OF THE CITY OF ELIZABETH							
Agencies Notified <input 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 688 MAPLE AVENUE							
		City, State, Zip Code ELIZABETH, NJ 07201							
		Name of Contact MICHAEL MEDEIROS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORD LEONARD APARTMENTS #704		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 DIVISION STREET		Square Feet 60000	# 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) 12/27/12	Scheduled Completion Date (11) 12/27/12	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: APARTMENT WILL BE VACATED		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
APARTMENT 704				VAT	644 SF	X			
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS ABATEMENT		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 4 CY	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State WEST LONG BRANCH, NJ		Disposal Date 12/2/12		City, State MORRISVILLE, PA					
Completed by JOSEPH P MILLER		Title PRESIDENT		Signature 				Date 12/12/12	

Do not use this form for asbestos licensure exempted activities.

CHECK#
2552

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:174)

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Date of Notification (1) <u>12/11/12</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA	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>23 KING ST.</u>	
		City, State, Zip Code <u>RIO GRANDE, N.J. 08240</u>	
		Name of Contact <u>Same</u>	Telephone Number <u>609-440-0000</u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial dwelling, homes, etc.)	
Street Address <u></u>		Square Feet <u>2000</u>	Floor/Floors <u>2</u>
City (5) <u></u>		Block Apt <u>404</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u></u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>Klemm Inc.</u>	
Street Address <u></u>		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code <u></u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm <u></u>		Telephone No. <u>856-779-0421</u>	License No. <u>001-4-1</u>
Start Date (10) <u>12/11/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Scheduled Completion Date (11) <u>12/11/12</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 <u></u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	

Scope of work (Check all that apply)

☒ 1:100 to 1:250
☒ 1:100 to 1:250

☐ Renovation
☒ Demolition


☐ Full Containment with negative pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (1') and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI or other miscellaneous)	Amount (Specify Sq. Ft.)	Notes
	Yes	No	N/A			
TRANSITE				SIDING	1200 sq ft	X

Name of Registered Waste Hauler <u>Klemm Inc.</u>	NJOEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>CIMCMLA</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date <u></u>	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/11/12</u>


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

RECEIVED
2888

Date of Notification (1) 12/11/12		Name of Building Owner/Operator (2) David Alu / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 231 Heron Road							
		City, State, Zip Code Tuckerton Beach NJ 08087							
		Name of Contact David							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) David Alu / Residence		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 231 Heron Road		Square Feet 1000+	# of Floors 1						
City (5) Tuckerton Beach NJ 08087		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/21/12	Scheduled Completion Date (11) 12/28/12	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ			Disposal Date 12/28/12	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 12/11/12			


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

RECEIVED 12/14/12

Date of Notification (1) 12/11/12		Name of Building Owner/Operator (2) Stone Harbor Elementary School							
Agencies Notified		Street Address 275 93rd Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Stone Harbor NJ 08247		Telephone Number					
		Name of Contact Lou							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stone Harbor Elementary School				Type of Facility (4)					
Street Address 275 93rd Street				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Stone Harbor NJ 08247				Square Feet 1000+	# of Floors 1				
County (6) Cape May				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address 1253 North Church Street				Street Address PO Box 329					
City, State, Zip Code Moorestown NJ 08057				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 12/11/12		Scheduled Completion Date (11) 12/17/12		Name of OSHA Monitor same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<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					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway		X		Floor Tile / Mastic	1000 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ				Disposal Date 12/17/12	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 12/11/12			

CK # 24991

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

Date of Notification (1) 12/12/12		Name of Building Owner/Operator (2) Mrs. Bjornsen	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 International Drive	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Lois Bjornsen	Telephone Number _____
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 22 International Drive		Square Feet 1400	# of Floors 2
City (5) Piscataway		Bldg. Age 60	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) MECS	ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
Street Address PO Box 341		Street Address PO Box 322	
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501	
Project Manager for Monitoring Firm William Weisgarber Jr.	Telephone No. (609) 298-4070	Telephone No. (609) 259-9688	License No. 00493
Start Date (10) 12/17/12	Scheduled Completion Date (11) 12/18/12	Name of OSHA Monitor MECS	
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: 8AM - 4:30PM		Street Address PO Box 341	
		City, State, Zip Code Crosswicks, NJ 08515	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement		<input checked="" type="checkbox"/>	Pipe Insulation
Name of Registered Waste Hauler Stevens Environmental Services Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2CU
City, State Allentown, NJ		Disposal Date 12/14/12	Name of Registered Landfill T.R.R.F., Inc.
		City, State Tullytown, PA	
Completed By Mahlon E. Stevens	Title Project Manager	Signature 	Date 12/13/12

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:18)

CK # 24991

DOL - 10 DAY

DEC 12 2012

Date of Notification (1) <u>12/12/12</u>		Name of Building Owner/Operator (2) <u>2012 DE Mrs. Bjornsen</u>	
Agencies Notified	Type Notification	Street Address <u>22 International Drive</u>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Piscataway, NJ 08854</u>	
		Name of Contact <u>Lois Bjornsen</u>	Telephone Number <u></u>

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>22 International Drive</u>		Square Feet <u>1400</u>	# of Floors <u>2</u>
City (5) <u>Piscataway</u>		Bldg. Age <u>60</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>12/17/12</u>	Scheduled Completion Date (11) <u>12/18/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4.30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)

☐ ≥ 3 of or ≥ 3 lf
☒ ≥ 180 of or ≥ 280 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>	<u>100LF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/14/12</u>		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>12/13/12</u>		

ASB 41
MAR 00

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

REMEMBER - MAIL IN HARD COPY

CHECK #
2554

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

RECEIVED

Date of Notification (1) <u>12/12/12</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACT</u>	
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 <u>155 Rt. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J.</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u> </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>106 LAFAYETTE PLACE</u>		Square Feet <u> </u>	
City, State <u>BRIGANTINE</u>		# of Floors <u> </u>	
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY) <u> </u>	
Current Use (Prior if being demolished) <u>VACANT</u>		Bldg Age <u> </u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u> </u>	
Street Address <u> </u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code <u> </u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm <u> </u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. <u> </u>		Telephone No. <u>856-779-0472</u>	
Start Date (10) <u>12/26/12</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>1/3/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u> </u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2160 SF or 2260 SF <input type="checkbox"/> 2160 SF or 2260 SF <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 <u>MAPLE SHADE, N.J. 08052</u>	
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>1000#</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
Cubic Yards of Waste <u> </u>		Name of Registered Landfill <u>A.C.U.A.</u>	
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date <u> </u>	
City, State <u>PLEASANTVILLE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Date <u>12/12/12</u>	

CHECK #
2553

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

RECEIVED
2012 DEPT. OF
PH 7:33

Date of Notification (1) <u>12/12/12</u>		Name of Building Owner/Operator (2) <u>EMTECH CORP</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08030</u>	
Name of Contact <u>DAVE BREUNIG</u>		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>333 W. 17TH ST.</u>		Square Feet <u>1000</u>	
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>	
County (6) <u>CAMP MAY</u>		Bldg Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. _____		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>12/24/12</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>12/31/12</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160 ft or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY (13)</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) <u>1500#</u>	
TRANSITE		Removal Method <u>X</u>	
SIPING		Removal Method <u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
NJ DEP Waste Hauler ID No. <u>17927</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u>12/12/12</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>12/12/12</u>	

Check # 8040

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

REC

APPROVED

NJ Dept. of Health & Senior Services

Date of Notification (1) 12/11/12		Name of Building Owner/Operator (2) MR. RAI A		2012 DEC 11					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 673 GLENDALE AVE City, State, Zip Code FRANKLIN LAKES, NJ 07447 Name of Contact JULIE C Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. RAI A			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 673 GLENDALE AVE			Square Feet 1850						
City (5) FRANKLIN LAKES			# of Floors 2		Bldg. Age 60				
County (6) Bergen			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) R&S / DEMO				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.				
Street Address			Street Address 105 Lowell Road						
City, State, Zip Code			City, State, Zip Code Glen Rock, N.J. 07452						
Project Manager for Monitoring Firm			Telephone No. 201-262-5841		License No. 00156				
Start Date (10) 12/11/12		Scheduled Completion Date (11) 12/13/12		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
BASEMENT			X	FLOOR TILE	500 SF	X			
Name of Registered Waste Hauler Rovic Transport			NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Riverdale, New Jersey 07457			Disposal Date 12/11/12	City, State Bethlehem, PA 18015					
Completed by R. McDonald			Title President	Signature [Signature]		Date 12/11/12			

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

VIA U.S. MAIL
RECEIVED
1038

2012 DEC 14 PM 7:30

Date of Notification (1) 12/11/12		Name of Building Owner/Operator (2) MS DIANA CIPRIANO	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 439 CRAWFORD TERR	
		City, State, Zip Code UNION N.J. 07083	
		Name of Contact MS CIPRIANO	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 439 CRAWFORD TERR		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		Square Feet 1,800	# of Floors 2
City (5) UNION N.J. 07083		Bldg. Age 75	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC	
Street Address		Street Address P.O. Box 814	
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857	
Project Manager for Monitoring Firm		Telephone No. 732) 238-7500	License No. 00806
Start Date (10) 12/20/12	Scheduled Completion Date (11) 1/20/13	Name of OSHA Monitor NOVATECH INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814	
		City, State, Zip Code OLD BRIDGE N.J. 08857	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASMENT	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) FLOOR TILE 9x9
	Amount (Specify SF or LF) <230 SF		
		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 12501	Cubic Yards of Waste 6
City, State OLD BRIDGE N.J. 08857		Name of Registered Landfill GROWS	
Disposal Date 12/11/12		City, State HARRISBURG PA	
Signature [Signature]		Date 12/11/12	
Completed by CARLOS AMEIDA		Title PRESIDENT	

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

VIA U.S. MAIL

REC'D 1035

2012 DEC 14 PM 7:30
ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 11/27/12		Name of Building Owner/Operator (2) RPH DEVELOPMENT						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 77 PARK ST						
		City, State, Zip Code MONTECLAIR, N.J.						
		Name of Contact MR PEDRO COSTA						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 999 Broad ST		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		Square Feet 10,000	Bldg. Age 75					
City (5) NEWARK N.J.		# of Floors 1						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CLOSED						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC						
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857						
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. 00806					
Start Date (10) 11/28/12	Scheduled Completion Date (11) 12/28/12	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box						
		City, State, Zip Code 814 OLD BRIDGE N.J. 08857						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
MAIN FLOOR			X	VAT	9,000 S/F	X		
" "			X	DROP CEILING TILES	9,000 S/F	X		
			X	5x2	3,000 S/F	X		
EXTERIOR			X	SIDINGS	3,000 S/F	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE N.J. 08857		Disposal Date 12/29/12		City, State WARRISVILLE P.A.		Date 11/27/12		
Completed by CARLOS AMEIDA		Title PRESIDENT		Signature <i>[Signature]</i>				

No check

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

RECEIVED

Date of Notification (1) 12/11/2012		Name of Building Owner/Operator (2) BERKELEY COLLEGE							
Agencies Notified	Type Notification	Street Address 44 RIFLE CAMP ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code WOODLAND PARK, NJ 07424							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact TOM ALESSANDRELLO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BERKELEY COLLEGE BUILDING# 5 & 4		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 44 RIFLE CAMP ROAD		Square Feet 20,000	# of Floors 4						
City (5) WOODLAND PARK		Bldg. Age 1940							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COLLEGE/SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION CONSULTANTS, INC.		ASCM No. 0079	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 20-21 WAGARAW ROAD BUILDING 34A		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm FREDERICK LARSON		Telephone No. 973-636-9145	License No. 00853						
Start Date (10) 12/14/2012	Scheduled Completion Date (11) 01/21/2013	Name of OSHA Monitor ROLLAND BARNHART							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED NJAC 5:23-8 REGULAR HOURS WITH WEEKENDS & EVENING IF NECESSARY TO FINISH		Street Address 21 PERRINE AVENUE							
		City, State, Zip Code SOUTH AMBOY, NJ 08879							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
LOWER, GRUND & SECOND FLOOR		X		PIPE INSULATION	3,150	X			
LOWER, GROUND & SECOND FLOOR		X		VAT	1,065	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 04181	Cubic Yards of Waste 50 YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY			Disposal Date 12/17/2012	City, State WAYNESBURG, OH					
Completed by ANN ALI		Title ADMINISTRATIVE	Signature			Date 12/11/2012			