

State of New Jersey Check#20959
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/14/2011 Check# 21537		Name of Building Owner/Operator (2) CHRISTOPHER DELERENTO							
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 9 HARDING AVENUE							
		City, State, Zip Code OAKLYN, NJ 08107							
		Name of Contact DAVID D'ANDREA							
		Telephone Number ASBESTOS CO. INC.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE 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)							
Street Address 136 E. OAKLAND AVENUE		Square Feet	# of Floors Bldg. Age						
City (5) HADDON TWP.		Current Use (Prior if being demolished)							
County BURLINGTON									
Name of Monitoring Firm Hired by Building Owner (8) AMERITECH		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
Street Address 78 E. ATLANTIC WAY		Street Address 15 BLACK FOREST ROAD							
City, State, Zip Code LAVALLETTE, NJ 08735		City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm RODNEY MORRIS	Telephone No. 732-664-7788	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 12/19/2011	Scheduled Completion Date (11) 12/19/2011	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours X EXTERIOR WORK only		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		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 (*) & 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				TRANSITE SIDING	1200 SQ. FT.	X			
Name of Registered Waste Hauler LUCAS DEMOLITION		NJDEP Waste Hauler ID No. 22384	Cubic Yards of Waste 10 YDS	Name of Registered Landfill GROWS					
City, State HIGHTSTOWN, NJ		Disposal Date 12/21/2011		City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David D'Andrea</i>				Date 12/14/2011			

ASB-41

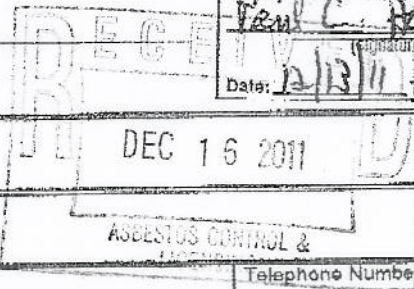
* Do not use this form for asbestos licensure exempted activities

State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: MS 11-499

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Jones
(signature)
Date: 12/13/11 Time: 8:40AM



Date of Notification (1) 1 12 / 1 13 / 1 11		Name of Building Owner/Operator (2) FLORENCE GOLDSTEIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 16 LOWELL TERRACE	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code BLOOMFIELD, NJ 07003	
		Name of Contact FLORENCE GOLDSTEIN	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FLORENCE GOLDSTEIN			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 16 LOWELL TERRACE			Square Feet # of Floors Bldg. Age		
City (5) BLOOMFIELD			County (6) ESSEX		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 12/15/11			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 12/23/11			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	40 L FT	X			
BASEMENT CRAWL SPACE		X		PIPE INSULATION	5 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/16/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/13/11

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

Date of Notification (1) 12/13/11		Name of Building Owner/Operator (2) FLORENCE GOLDSTEIN	
Agencies Notified	Type Notification	Street Address 16 LOWELL TERRACE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code BLOOMFIELD, NJ 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Name of Contact FLORENCE GOLDSTEIN	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FLORENCE GOLDSTEIN			Type of Facility (4)	
Street Address 16 LOWELL TERRACE			<input type="checkbox"/> School (K - 12)	
			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) BLOOMFIELD			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
			Square Feet # of Floors Bldg. Age	
County (6) ESSEX			Current Use (Prior if being demolished)	
County Code (7) (State use only)				

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
			Telephone Number License Number	
Project Manager for Monitoring Firm		Phone Number	973-345-8020 00159	
Start Date (10) 12/15/11		Sched. Completion Date (11) 12/23/11		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	40 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	5 L FT	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/16/11		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature Date 12/13/11	

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

00 4067
D&S Proj. #: MS 11-434

Date of Notification (1) 11/13/11		Name of Building Owner/Operator (2) MEREDITH CARLETON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 AMBAR PLACE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code BERNARDSVILLE, NJ	
		Name of Contact MEREDITH CARLETON	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MEREDITH CARLETON			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 1 AMBAR PLACE			Square Feet		
City (5) BERNARDVILLE			County (6) SOMERSET	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 12/28/11			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 01/05/11			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT & CRAWL SPACE		X		PIPE INSULATION	112 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/29/11	City, State TULLYTOWN, PA	Date 12/13/11
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

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

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

Date of Notification (1) 11/21/11		Name of Building Owner/Operator (2) JACK STERN	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 215 STONEHOUSE ROAD		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact JACK STERN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JACK STERN			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 215 STONEHOUSE ROAD			Square Feet		
City (5) GLEN RIDGE			County (6) ESEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 12/28/11			Sched. Completion Date (11) 01/03/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 12/28/11			Sched. Completion Date (11) 01/03/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input type="checkbox"/> Demolition							

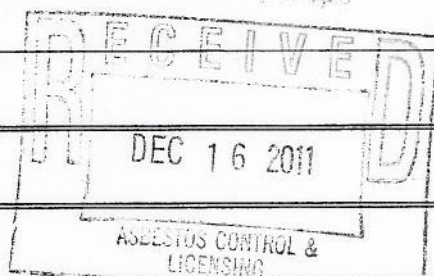
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
ATTIC		<input checked="" type="checkbox"/>		VERMICULITE	1,000 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 15 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/30/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/13/11

NO 19093122040

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

Paragon Job#



Date of Notification (1) 12/15/11		Name of Building Owner/Operator (2) JK Management, LLC	
Agencies Notified	Type Notification	Street Address 1051 Bloomfield Ave.	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Clifton, NJ 07014	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kelly Fitzpatrick	
<input checked="" type="checkbox"/> DOL	Amendment #	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (include justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Strytown Shopping Center (Unit # 314)			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 1051 Bloomfield Ave.			Square Feet 60,000 sf		
City (5) Clifton, NJ 07014			# of Floors 03		
County (6) Passaic			Bldg. Age 60		
County Code (7) (State use only)			Current Use (Prior if being demolished) Shopping Center		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address				Street Address 590 River Rd.	
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07014	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973) 614-1600	
Scheduled Start Date (10) 01/04/2012		Sched. Completion Date (11) 01/06/2012		License Number 00748	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Name of OSHA Monitor Paragon Contracting, Inc.	
				Street Address 590 River Rd.	
				City, State, Zip Code Clifton, NJ 07014	

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Unit # 314			<input checked="" type="checkbox"/>	VAT/Mastic	510 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"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 7 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 12/15/2011

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

Date of Notification (1) [12] [12] / [11]		Name of Building Owner/Operator (2) Hoffmann-LaRoche	
Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA	Type Notification () Initial Notification (x) Amended Notification () Cancellation	Street Address 340 Kingsland Street	
		City, State, Zip Code Nutley, NJ 07110	
		Name of Contact Mat Bosco	

FACILITY INFORMATION

Name of Facility Where Abatement is taking Place (3) Building 102		Type of Facility (4) { } School (K-12) { } Subchapter 8 (other than K-12) { X } Other (i.e., private & commercial buildings, homes, etc.)
Street Address "same as above"		

City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors 5	Bldg. Age
			Current use (Prior if being demolished) labs & offices.		

Name of Monitoring Firm Hired by Building Owner (8) E.H.I		ASCM No.		Name of Abatement Contractor (9) POW/R/SAVE Inc.	
Street Address 655 W. Shore Trail		City, State, Zip Code Bloomfield, NJ 07003		Telephone Number (973) 680-0088	
Project Manager for Monitoring Firm 973-729-5649		License Number 357		Name of OSHA Monitor	
Scheduled Start Date (10) [09] / [30] / [10]		Sched. Completion Date (11) [03] / [02] / [12] **		Street Address	
Month Day Year		Month Day Year		City, State, Zip Code	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7 am - 230 pm					

Scope of Work (Check all that apply)

- ☐ Demolition
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Used Solely By Maintenance/Custodial Staff (12) Yes No NA	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 E
throughout	no	Piping & fittings	25 lf	x			
throughout		VAT/mastic	1000 sf	x			

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery & Grand Central
City, State Morrisville PA	Disposal Date	City, State Tullytown, PA, Pen Argyl PA	

Completed By (Print or Type) Sharon Hendke	Title owner	Signature 	Date 12/12/11
--	-----------------------	---	-------------------------

** Work days and quantities dependent on other trades

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

B & G proj. #: 2011-253

Check # 4942

Date of Notification (1) <u>12/16/11</u>		Name of Building Owner/Operator (2) Samuel Chait	
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 84 Westervelt Place		City, State, Zip Code Passaic, NJ 07055	
Name of Contact Samuel Chait		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Samuel Chait			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 84 Westervelt Place			Square Feet # of Floors Bldg. Age		
City (5) Passaic, NJ 07055	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 12/22/2011		Sched. Completion Date (11) 12/22/2011	License Number 0378		
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					

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)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	23 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			<input checked="" type="checkbox"/>	pipe	40 lf	<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/23/2011	City, State Tullytown, PA	Date 12/12/2011
Completed by (Print or Type) Jordana Luna	Title Treasurer	Signature Jordana Luna	

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

B & G proj. #: 2011-251

Check # 4940

Date of Notification (1)

11/12/11

Name of Building Owner/Operator (2)

John Tironi

Street Address

3 Highwood Terrace

City, State, Zip Code

Boonton Township, NJ 07005

Name of Contact

John Tironi

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amendment

☐ Cancellation

RECEIVED

DEC 16 2011

ASBESTOS CONTROL & REMEDIATION

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

John Tironi

Street Address

3 Highwood Terrace

City (5)

Boonton Township, NJ 07005

County (6)

Morris

County Code (7)
(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/22/2011

Sched. Completion Date (11)

12/22/2011

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure

☒ Glovebag procedure

☒ Mini-enclosure

☐ 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)

R	R	E	E
em	em	nc	nc
ove	pa	ap	cl
<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

basement

crawl space

pipe insulation

pipe insulation

114 lf

12 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date
12/23/2011

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer

Signature

Gordana Luna

Date
12/12/2011

B & G proj. #: 2011-236 Non Sub 8

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

Check #

4937

Date of Notification (1)

1/12/11

Name of Building Owner/Operator (2)

River Dell Board of Education

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

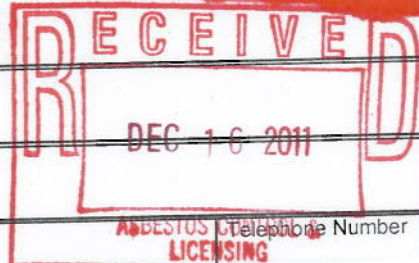
230 Woodland Avenue

City, State, Zip Code

River Edge, NJ 07661

Name of Contact

Tom Bonfiglio



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

River Dell Middle School

Street Address

230 Woodland Avenue

City (5)

River Edge, NJ 07661

County (6)

Bergen

County Code (7)
(State use only)

Type of Facility (4)

☒ School (K - 12)☐ Subchapter 8 (Other than K-12)☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

School

Name of Monitoring Firm Hired by Bldg. Owner (8)

AHERA Consultants

Street Address

P.O. Box 385

City, State, Zip Code

Oceanville, NJ 08231

Project Manager for Monitoring Firm

Eric Clarkson

Scheduled Start Date (10)

12/23/2011

Sched. Completion Date (11)

12/30/2011

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: 12/23 1:00pm-9:30pm & 12/26 - 12/30 7:00am-3:30pm

ASCM No.

0057

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☐ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Mini-enclosure☒ Non-friable procedure

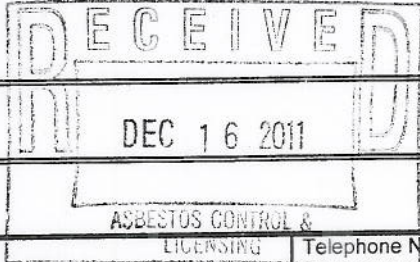
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 100B			<input checked="" type="checkbox"/>	VAT & Mastic	1812 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom 111			<input checked="" type="checkbox"/>	VAT & Mastic	1920 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom 113			<input checked="" type="checkbox"/>	VAT & Mastic	1920 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 146			<input checked="" type="checkbox"/>	VAT & Mastic	1610 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty Cafeteria			<input checked="" type="checkbox"/>	VAT & Mastic	220 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler		NJDEP Hauler ID#		Cubic Yards of Waste		Name of Registered Landfill			
B & G Restoration, Inc.		19563		110 yards		Tullytown Resource & Recovery Center			
City, State		Disposal Date		City, State		Date			
Lincoln Park, NJ 07035		12/23/2011 - 12/30/2011		Tullytown, PA		12/12/2011			
Completed by (Print or Type)		Title		Signature					
Gordana Luna		Treasurer		Gordana Luna					

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

B & G proj. #: 2011-236

Sub Chapter 8

Check # 4936

Date of Notification (1) 12/16/11		Name of Building Owner/Operator (2) River Dell Board of Education		
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 230 Woodland Avenue		City, State, Zip Code River Edge, NJ 07661		
Name of Contact Tom Bonfiglio		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) River Dell 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 230 Woodland Avenue			Square Feet		
City (5) River Edge, NJ 07661			# of Floors		
County (6) Bergen			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address P.O. Box 385				Street Address 105 Ryerson Road	
City, State, Zip Code Oceanville, NJ 08231				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Eric Clarkson		Phone Number 609-652-1833		Telephone Number 973-696-6869	
License Number 0378		Name of OSHA Monitor B & G Restoration, Inc.			
Scheduled Start Date (10) 12/23/2011		Sched. Completion Date (11) 12/30/2011			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: 12/23 1:00pm-9:30pm & 12/26 - 12/27 7:00am-3:30pm					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Classroom 111, 113, 146			<input checked="" type="checkbox"/>	pipe & fitting insulation	74 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1 yards		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 12/23/2011 - 12/30/2011		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna		Date 12/12/2011	

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

Date of Notification (1) 12 / 09 / 11		Name of Building Owner / Operator (2) Kraft Foods	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input checked="" type="checkbox"/> Cancellation	
Street Address 2211 Route 208 North		City, State, Zip Code Fairlawn, New Jersey, 07410	
Name of Contact PRANAV DESAI		Telephone Number ASBESTOS LICENSING	

RECEIVED
 DEC 16 2011
 ASBESTOS LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kraft Foods		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 2211 Route 208		Building Age 40 +	
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000
			# Of Floors 3
		Current Use (Prior if being demolished) Bakery/WAREHOUSE	
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO LVI Environmental Services Inc.	
Street Address 907 Doolittle Drive		Street Address 462 Getty Avenue	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	
Scheduled Start Date (10) 12 / 27 / 11	Sched. Completion Date (11) 12 / 29 / 11	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: __ MON-FRI <input checked="" type="checkbox"/> Other - Describe: __ 7:00AM - 3:30PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	

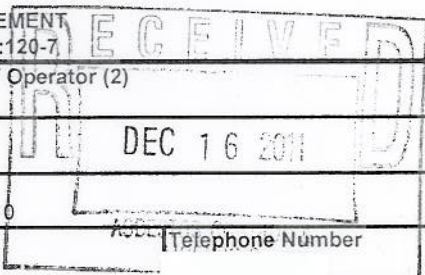
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/>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

Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
BAKERY	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY/G20	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE INSULATION	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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) Steve Stiles	Title Project Manager	Signature <i>Steve Stiles</i>	Date 12/15/11
--	--------------------------	----------------------------------	------------------

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



Date of Notification (1) 12 / 09 / 11		Name of Building Owner / Operator (2) Kraft Foods	
Agencies Notified		Street Address 2211 Route 208 North	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Fairlawn, New Jersey, 07410	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact PRANAV DESAI	
<input checked="" type="checkbox"/> DOH	Amendment # _____	Telephone Number _____	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kraft Foods			Type of Facility (4)		
Street Address 2211 Route 208			<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.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
			Current Use (Prior if being demolished) Bakery/WAREHOUSE		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO LVI Environmental Services Inc.		
Street Address 907 Doolittle Drive			Street Address 462 Getty Avenue		
City, State, Zip Code Bridgewater, NJ 08807			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	Telephone Number 973-772-3660		License Number 00117
Scheduled Start Date (10) 12 / 27 / 11		Sched. Completion Date (11) 12 / 29 / 11			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor LVI Environmental Services Inc.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: __ MON-FRI <input checked="" type="checkbox"/> Other - Describe: __ 7:00AM - 3:30PM			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 type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3sf or ≥3lf | | <input type="checkbox"/> Mini - Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" 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)	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
BAKERY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY/G20	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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) Steve Stiles		Title Project Manager	Signature 		Date 12/09/11

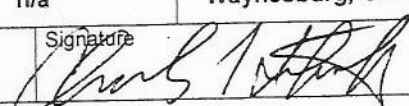
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

4166

Date of Notification (1) December 15, 2011		Name of Building Owner/Operator (2) Donnelly Construction		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED DEC 16 2011 ASBESTOS CONTROL & LICENSE </div>					
Agencies Notified		Street Address							
Type Notification		City, State, Zip Code							
		Name of Contact							
<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	557 Route 23 South Wayne, NJ 07470 Shahzad Khan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Baltusrol Golf Club				Type of Facility (4)					
Street Address 201 Shunpike Rd				<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) Somerset, NJ				Square Feet	# of Floors				
County (6) Somerset				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Somerset		golf club							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	License No. 00781					
Start Date (10) 1/3/12		Scheduled Completion Date (11) 1/24/12		Name of OSHA Monitor The MACK Group, LLC.					
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209					
<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 Cherry Hill, NJ 08034					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input checked="" type="checkbox"/>			transite	6900 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			contaminated fiberglass insulation	5250 s/f	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			pipe	600 l/f	<input checked="" type="checkbox"/>			
3rd floor		<input checked="" type="checkbox"/>		pipe	45 l/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / American Waste		NJ DEP Waste Hauler ID No. 15939		Cubic Yards of Waste 128	Name of Registered Landfill GROWS / Minerva Enterprises				
City, State Freehold, NJ / Warren OH		Disposal Date 1/24/12		City, State Morrisville, PA / Waynesburg, OH					
Completed by Mike Cooper		Title President		Signature 			Date 12/15/11		

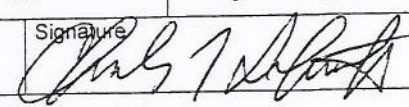
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK # 20618

Date of Notification (1) 12 / 13 / 11		Name of Building Owner/Operator (2) City of Atlantic City		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 16 2011 </div>					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 140 South New Hampshire Avenue							
		City, State, Zip Code Atlantic City, NJ							
		Name of Contact City of Atlantic City		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 140 South New Hampshire Avenue				Square Feet 2000	# of Floors 2				
City (5) Atlantic City				Bldg. Age 50+					
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 318 12th Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		Telephone No. 215-739-8166	License No. 00646				
Start Date (10) 12 / 27 / 11		Scheduled Completion Date (11) 01 / 06 / 12		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-4PM / _____ 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
Exterior Siding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foyer Flooring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Covering/Multi Layers	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Kitchen Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Covering/Multi Layers	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Asbestos Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached/Page 2		<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 F. Imbimbo		Title Project Manager		Signature 		Date 12/13/11			

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

CR# 20617

Date of Notification (1) <div style="text-align: center;">12 / 13 / 11</div>		Name of Building Owner/Operator (2) California Villas Condominium Association		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED DEC 16 2011 </div>					
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 119 South California Avenue			
		City, State, Zip Code Atlantic City, NJ				Name of Contact City of Atlantic City			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 119 South California Avenue				Square Feet 2000	# of Floors 2				
City (5) Atlantic City				Bldg. Age 50+					
County (6) Atlantic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 318 12th Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850		Telephone No. 215-739-8166	License No. 00646				
Start Date (10) <div style="text-align: center;">12 / 27 / 11</div>		Scheduled Completion Date (11) <div style="text-align: center;">01 / 06 / 12</div>		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: <u>7</u> AM- <u>4</u> PM/____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
Outside Exterior Soffit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Exterior Soffit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Riser From Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Asbestos Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached/Page 2		<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 F. Imbimbo		Title Project Manager		Signature 		Date 12/13/11			

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



Date of Notification (1) 12/14/11		Name of Building Owner/Operator (2) Ryan Middleton / Residence							
Agencies Notified	Type Notification	Street Address 21 N Center 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	<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 Merchantville NJ 08109							
		Name of Contact Ryan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ryan Middleton / 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 21 N Center Street		Square Feet 1000 +	# of Floors 2						
City (5) Merchantville NJ 08109		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 12/26/11	Scheduled Completion Date (11) 12/28/11	Name of OSHA Monitor Pernaco 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 PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct Insulation	40 LF	x			
				wet wrap and cut					
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/28/11		City, State Morrisville NJ 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/14/11		

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Horner
(signature)
Date: 12/12/11 Time: 1:09PM
Emergency Notification

Check # 1254

Date of Notification (1)

12/12/2011

Agency Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

Bracha Sackton

Street Address

35 Belmont Avenue

City, State, Zip Code

Clifton, NJ 07012

Name of Contact

Bracha Sackton

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

35 Belmont Avenue

City (5)

Clifton, NJ 07012

County (6)

Passaic

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Street Address

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

12/12/2011

12/13/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

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

Street Address

20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			x	Pipe insulation	120 LF	x		
Basement			x	Boiler insulation	30 SF	x		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC
City, State

0033785

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

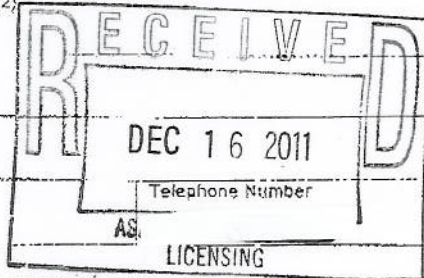
Date

N. Jevic
ASB-1

Owner

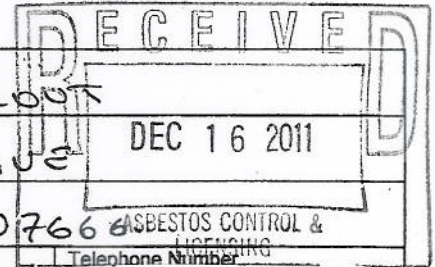
12/12/2011

Do not use this form for asbestos license exempted activities.



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

CK # 3262

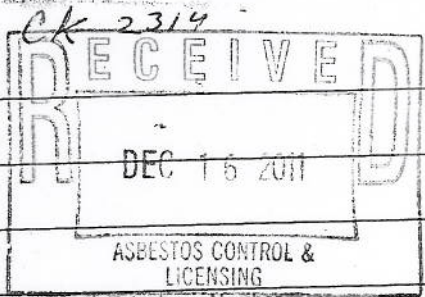


Date of Notification (1) 12/12/11		Name of Building Owner/Operator (2) MS. FELICE PLOUT							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 282 WARWICK AVE City, State, Zip Code TEANECK, N.J. 07666 Name of Contact MS. PLOUT							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. PLOUT		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 282 WARWICK AVE		Square Feet 2200	# of Floors 2						
City (5) TEANECK		Bldg. Age 1948							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 12/29/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2PM to 5PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				VAT	750 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 3 1/2 y	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 12/30/11		City, State Newburgh PA, 17242					
Completed by J. MAIORANO		Title Estimator	Signature <i>J. Maiorano</i>			Date 12/12/11			

G4667

* Emergency *

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



Date of Notification (1) 12/13/11		Name of Building Owner/Operator (2) Jackie & Evelyn Trower / residence							
Agencies Notified	Type Notification	Street Address 532 Four Mile Branch Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sicklerville, NJ 08081							
		Name of Contact Jacki	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jackie & Evelyn Trower / 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 532 Four Mile Branch Rd		Square Feet 1000+	# of Floors 2						
City (5) Sicklerville, NJ 08081		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/14/11	Scheduled Completion Date (11) 12/16/11	Name of OSHA Monitor Pernaco 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 PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
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 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) 800 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room dinning room			x	Floor Tile		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/16/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 12/13/11	

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

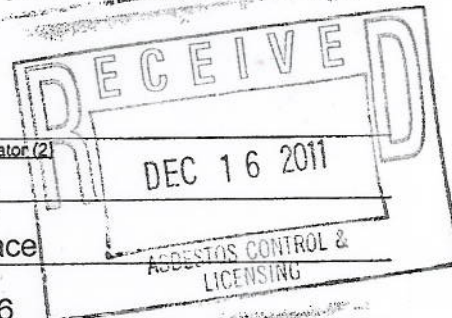
7800

CH # 7800

RECEIVED
NJ Dept. of Health & Senior Services
Paul C. Adams
(signature)
DEC 14/11 Time: 8:37 AM
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/14/11		Name of Building Owner/Operator (2) MRS OWENS	
Agencies Notified	Type Notification	Street Address 56 WEST FOREST AVE	
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON NJ 07605	
		Name of Contact MRS OWENS	
FACILITY INFORMATION			
Name of Facility Where Abatement Is Taking Place (3) MRS OWENS		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 56 WEST FOREST AVE		Square Feet 1450	# of Floors 3
City (5) TRENTON		Bldg. Age 56	
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES
Name of Monitoring Firm Hired by Building Owner (8)		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) 12/14/11	Scheduled Completion Date (11) 12/15/11	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 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT CONCRETE SLAB	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	
Name of Registered Waste Hauler Rovic Transport	NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Riverdale, New Jersey 07457		Disposal Date 12/14/11	City, State Bethlehem, PA 18015
Completed by R. McDonald	Title President	Signature R. McDonald	Date 12/14/11

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



Date of Notification (1) December 14, 2011		Name of Building Owner/Operator (2) Marylou Babbitt	
Agencies Notified () EPA (X) DEP (X) DOL () DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 119 Thelma Terrace	
		City, State, Zip Code Linden, NJ 07036	
		Name of Contact Marylou Babbitt	
		Tel.	

Name of Facility Where Abatement is Taking Place (3) Marylou Babbitt Residence			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 119 Thelma Terrace			Sq. Feet 3000 # of Floors 2	
City (5) Linden	County (6) Union	County Code (7) (State Use Only)	Bldg. Age 50+yrs	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Current Use (prior if being demolished) residence	
ASCM No.			Name of Contractor (9) Finishing Touch Asbestos	

Street Address PO Box 400		City, State, Zip Code Oceanport, NJ 07757-0400	
Project Manager for Monitoring Firm		Telephone Number 732-222-8372	License Number 00040
Scheduled Start Date (10) 12/27/11	Scheduled Completion Date (11) 12/27/11	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address	
Describe		City, State, Zip Code	
Other - Describe			
Source of Work (Check all that apply)			

() Demolition (X) Renovation () Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25<160 SF or >10<260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Basement	X	ISI	65 LF

Name of Reg. Waste Hauler Finishing Touch	NJDEP Waste Hauler ID # 12058	Cubic Yards of Waste 1	Name of Reg. Landfill G.R.O.W.S. North Landfill
City, State Oceanport, NJ 07757-0400	Disp. Date 12/28/11	City, State Morrisville, PA	
Completed by (Print or Type) Joseph P. Miller	Title President	Signature <i>Joseph P. Miller</i>	Date 12/14/11

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00