

RECEIVED

2012 DEC 17 PM 2:56

Date of Notification (1) 12/11/10		Name of Building Owner/Operator (2) DENNIS MURPHY	
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 276 CENTRE STREET		City, State, Zip Code NUTLEY, NJ 07110	
Name of Contact MIKE MOSCARA		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DENNIS MURPHY			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 276 CENTRE STREET			Square Feet		
City (5) NUTLEY			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 12/12/12			Sched. Completion Date (11) 12/20/12		
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			License Number 01169		

Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 12/12/12			Sched. Completion Date (11) 12/20/12		
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			License Number 01169		

Scope of Work (check all that apply)						Full Containment w/negative pressure											
<input type="checkbox"/> >3 sf or >3 lf						<input checked="" type="checkbox"/> Renovation						Mini-enclosure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf						<input type="checkbox"/> Demolition						<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						
ATTIC		X		ASBESTOS PAPER INSULATION	1,020 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 5 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/14/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/10/12	

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

ck 4161

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2012 DEC 17 PM 2:54

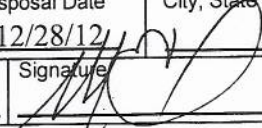
ASBESTOS CONTROL

Date of Notification (1) 12/12/12		Name of Building Owner/Operator (2) PSE & G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY RD.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact GEORGE VILARO	Telephone Number 732-432-8350						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G		Type of Facility (4)							
Street Address 205 WALTER ST.		<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) LINDEN	Square Feet Approx 3800	# of Floors 1	Bldg. Age Approx 55 yrs						
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 Broad St		Street Address 396 WHITEHEAD AVE							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 12/27/12	Scheduled Completion Date (11) 12/27/12	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators		City, State, Zip Code SOUTH RIVER, NJ 08882							
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-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
FROM RELAY PANEL		X		ACM WIRE, Sock + Conduit	30 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 12/28/12		City, State MORRISVILLE, PA					
Completed by Carol Laimo		Title office mgr.	Signature Carol Laimo		Date 12/12/12				

CK #24993

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

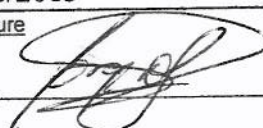
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Date of Notification (1) <u>12/14/12</u>		Name of Building Owner/Operator (2) <u>Mrs. Hlavaek</u>											
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>30 East Welling Ave.</u>											
		City, State, Zip Code <u>Pennington, NJ 08534</u>											
		Name of Contact <u>Betsy Hlavaek</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>30 East Welling Ave</u>		Square Feet <u>1600</u>	# of Floors <u>2</u>										
City (5) <u>Pennington</u>		Bldg. Age <u>70</u>											
County (6) <u>Mercer</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>		ASCM No. _____	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>12/26/12</u>	Scheduled Completion Date (11) <u>12/28/12</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)													
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition													
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>Basement</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) <u>Pipe Insulation</u>										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="4">Abatement Type</th> </tr> <tr> <th align="center">Removal</th> <th align="center">Repair</th> <th align="center">Encapsulate</th> <th align="center">Enclosure</th> </tr> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>			Abatement Type				Removal	Repair	Encapsulate	Enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abatement Type													
Removal	Repair	Encapsulate	Enclosure										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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>										
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/28/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>										
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 										
		Date <u>12/14/12</u>											

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

Date of Notification (1) 12/12/2012		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 920 Park Ave		City, State, Zip Code Plainfield, NJ 07060							
Name of Contact Harold Gee		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plainfield Cedarbrook K-8 Center		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 1049 Central Ave		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Bldg. Age 40+							
County (6) Union		County Code (7) (STATE USE ONLY) _____							
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) 12-14-2012		Scheduled Completion Date (11) 12-15-2012							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Girls Restroom adjacent to cafeteria		X		Pipe Insulation	4 LF	X			
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 12/12/2012			

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 12/11/2012		Name of Building Owner/Operator (2) Michael and Karen Borofsky	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 221 Long Hill Drive City, State, Zip Code Short Hills, NJ 07078	
		Name of Contact Michael Borofsky	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 Minnisink Road		Sq. Feet: 5000 # of Floors 2 Bldg. Age 60	
City (5) Short Hills	County (6) Hudson	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		Name of Contractor (9) ISES, Inc.	
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm David Camacho	Telephone Number (201) 325-0055	Telephone Number (201) 325-0055	License Number 01124
Scheduled Start Date (10) 01/05/2013	Scheduled Completion Date (11) 01/06/2013	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Unoccupied during abatement		Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation			
() Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM)		() Full Containment with Negative Pressure (X) 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 or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Basement		TSI Pipe Insulation	90 LFT
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 1
City, State 2 Fish House Road, Kearny, NJ 07032		Disp. Date 01/06/2013	Name of Reg. Landfill Cumberland County Landfill
Completed by (Print or Type) Jorge Delgado		Title Project Supervisor	City, State Newburg, PA 17242
		Signature 	Date 12/11/2012

No
check

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

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ADDITIONAL CONTROL
& LICENSING

<u>Date of Notification (1)</u> 12/14/12		<u>Name of Building Owner/Operator (2)</u> Atlantic City Electric	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 5100 Harding Highway	
		<u>City, State, Zip Code</u> Mays Landing, NJ 08330	
		<u>Name of Contact</u> Rachel Edelstein	<u>Tel. Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Fern Substation			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 6206 Wisteria Road			<u>Sq. Feet</u> 2000 <u># of Floors</u>	
<u>City (5)</u> Wildwood Crest	<u>County (6)</u> Cape May	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age 50+/-</u> <u>Current Use (prior if being demolished)</u> Substation/Res. Homes	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Mgmt. International	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 34 East Germantown Pike, Suite 204	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> East Norriton, PA 19401	<u>City, State, Zip Code</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> Ray Giordano	<u>Telephone Number</u> 610-277-0405	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 12/17/12	<u>Scheduled Completion Date (11)</u> 12/21/12	<u>Name of OSHA Monitor</u> Testor Technology
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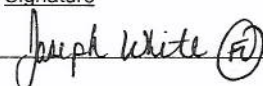
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe ___Wing where work is being performed is shut down Other - Describe _____	<u>Street Address</u> 10-59 Jackson Avenue <u>City, State, Zip Code</u> Long Island City, NY 11101
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Source of Work (Check all that apply)

- () Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				Rem.	Rep.	Encap.	Enclose
Substation		Transite Panels	2000 SF	X			
Substation		Wall Panel Caulk	248 LF	X			
Substation		Fire Doors	3	X			

<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.	<u>NJDEP Waste Hauler ID #</u> SW1724	<u>Cubic Yards of Waste</u> 30	<u>Name of Reg. Landfill</u> Cape May County Landfill
<u>City, State</u> Woodbine, NJ	<u>Disp. Date</u> 12/21/12	<u>City, State</u> Woodbine, NJ	

<u>Completed by (Print or Type)</u> Joe White	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 12/14/12
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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Transite Panels, Wall Panel Caulk, and 3 Fire Doors. Regulated work area, hepa filtration equipment, wet material, and double bag.

ASBESTOS CONTROL
& LICENSING

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

XII. Waste Transporter#1 Waste Management, Inc.

Address: 326 Scott Avenue

City: Woodbine

County: Cape May

State: NJ

Zip: 08270

Contact: Doug Hager

Telephone: 800-633-9096

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Cape May County Landfill

EPA Certification Number: 0511C

Address: Kearney Road

City: Woodbine

County: Cape May

State: NJ

Zip: 08270

Contact:

Telephone:

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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

Joseph White (F)
(Signature of Owner/Operator)

(Date) 12-14-12

XVIII. I Certify that the Above Information is Correct

Joseph White (F)
(Signature of Owner/Operator)

(Date) 12-14-12

ck 520429

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

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2012 DEC 17 PM 2:02

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/14/12		Name of Building Owner/Operator (2) Atlantic City Electric	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 5100 Harding Highway	
		City, State, Zip Code Mays Landing, NJ 08330	
		Name of Contact Rachel Edelstein	Tel Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wildwood Crest Substation			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 113 West Preston Avenue			Sq. Feet 800 # of Floors
City (5) Wildwood Crest	County (6) Cape May	County Code (7) (State Use Only)	Bldg. Age 50+/- Current Use (prior if being demolished) Substation/Res. Homes

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Mgmt. International	ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
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Street Address 34 East Germantown Pike, Suite 204	Street Address 404 N. Berry Street
City, State, Zip Code East Norriton, PA 19401	City State, ZipCode Brea, CA 92821

Project Manager for Monitoring Firm Ray Giordano	Telephone Number 610-277-0405	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 12/26/12	Scheduled Completion Date (11) 12/28/12	Name of OSHA Monitor Testor Technology
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Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe ___ Wing where work is being performed is shut down Other - Describe _____	Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101
---	---

Source of Work (Check all that apply)

() Demolition (X) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure

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)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Substation		Transite Panels	750 SF	X			

Name of Reg. Waste Hauler Waste Management, Inc.	NJDEP Waste Hauler ID # SW1724	Cubic Yards of Waste 30	Name of Reg. Landfill Cape May County Landfill
City, State Woodbine, NJ	Disp. Date 12/28/12	City, State Woodbine, NJ	

Completed by (Print or Type) Joe White	Title Project Manager	Signature Joseph White (FE)	Date 12/14/12
---	--------------------------	--------------------------------	------------------

RECEIVED

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

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Transite Panels and Window Glazing. Regulated work area, hepa filtration equipment, wet material, and double bag.

ASBESTOS CONTROL
& LICENSING

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

XII. Waste Transporter#1 Waste Management, Inc.

Address: 326 Scott Avenue

City: Woodbine

County: Cape May

State: NJ

Zip: 08270

Contact: Doug Hager

Telephone: 800-633-9096

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site Cape May County Landfill

EPA Certification Number: P0104984

Address: Kearney Avenue

City: Woodbine

County: Cape May

State: NJ

Zip: 08270

Contact:

Telephone:

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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

Joseph White (Signature of Owner/Operator)

(Date) 12-14-12

XVIII. I Certify that the Above Information is Correct

Joseph White (Signature of Owner/Operator)

(Date) 12-14-12

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

RECEIVED

Date of Notification (1) 12/12/12 CK: 2404 \$200		Name of Building Owner/Operator (2) Teaneck Public Schools		2012 DEC 17 AM 10:40	
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 655 Teaneck Road		
			City, State, Zip Code Teaneck, New Jersey 07666		
		Name of Contact Anthony D'Angelo		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Bryant 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 1 Tryon Avenue			Square Feet 20,000	# of Floors 2	Bldg. Age 55+
City (5) Teaneck, New Jersey 07666			Current Use (Prior if being demolished) School		
County (6) Bergen		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue			
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 12/21/12		Scheduled Completion Date (11) 12/22/12		Name of OSHA Monitor J&S Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, New Jersey 07083		
Scope of Work (Check All That Apply) <input 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)
	Yes	No	N/A		
All Purpose Room		X		TSI	6 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 12/28/12		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>	Date 12/12/12

CK # 24985

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

RECEIVED
2012 DEC 17 AM 10:38

Date of Notification (1) <u>12/5/12</u>		Name of Building Owner/Operator (2) <u>Kathy Mahoney</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>114 Pennsylvania Ave</u> City, State, Zip Code <u>Lavalette, NJ</u>
			Name of Contact <u>Kathy Mahoney</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>114 Pennsylvania Ave</u>		Square Feet <u>1800</u>	# of Floors <u>1</u>
City (5) <u>Lavalette</u>		Bldg. Age <u>50</u>	
County (6) <u>Ocean</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>		ASCM No. _____	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>	Telephone No. <u>(609) 259-9688</u>
		License No. <u>00493</u>	
Start Date (10) <u>12/6/12</u>	Scheduled Completion Date (11) <u>12/7/12</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)			
<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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Living Room</u>			<u>floor tile</u>
<u>Kitchen</u>			<u>floor tile</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/10/12</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature _____	Date <u>12/5/12</u>

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

CK 24985

RE

APPROVED	
NJ Dept. of Health & Senior Services	
<i>Paul S. Dorman</i>	
(Signature)	Date: 12/5/12 Time: 3:14 PM

Date of Notification (1) <u>12/5/12</u>		Name of Building Owner/Operator (2) <u>Kathy Mahoney</u>						
Agencies Notified	Type Notification	Street Address <u>114 Pennsylvania Ave.</u>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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>Lavalette, NJ</u>						
		Name of Contact <u>Kathy Mahoney</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>114 Pennsylvania Ave</u>		Square Feet <u>1800</u>	# of Floors <u>1</u>					
City (5) <u>Lavalette</u>		Bldg. Age <u>50</u>						
County (6) <u>Ocean</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>	ASCM No.	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>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>12/6/12</u>	Scheduled Completion Date (11) <u>12/7/12</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)								
<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 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
<u>Living Room</u>			<u>floor tile</u>	<u>130 SF</u>	<input checked="" type="checkbox"/>			
<u>Kitchen</u>			<u>floor tile</u>	<u>90 SF</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>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/10/12</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <i>[Signature]</i>	Date <u>12/5/12</u>					

6343-NJ

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

Friable Notification
 Check # 5171

Date of Notification (1) 1 2 / 1 1 / 1 2		Name of Building Owner/Operator (2) New Jersey Institute of Technology Street Address 323 Dr. Martin Luther King, Jr. Boulevard City, State, Zip Code Newark, NJ 07102	
Agencies Notified	Type Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Michael Thompson	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Institute of Technology - Central King Building Street Address 345-361 Dr. Martin Luther King Jr. Boulevard City (5) Newark, NJ 07102			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 50,000 # of Floors 4 Bldg. Age 45 Current Use (Prior if being demolished) School		
County (6) Essex		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc. Street Address 318 12th Street City, State, Zip Code Hammonton, NJ 08037-1352		ASCM No. 000117		Telephone Number 973-614-0377	
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-704-8850		License Number 00807	
Scheduled Start Date (10) 1 2 / 2 1 / 1 2 Month / Day / Year		Sched. Completion Date (11) 0 1 / 2 1 / 1 3 Month / Day / Year		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013	
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 type="checkbox"/> >3 sf or >3 lf <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-Friable Procedure					

Location of Asbestos-Containing Material (ACM) 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 I O S U R E	
Basement, 1st & 2nd Floor various locations	X	Plaster Walls & Ceilings	8,000 SF	X				
Garbage chute basement thru 4th floor	X	Plaster Walls	1,500 SF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ		NJDEP Waste Hauler ID No. 12609 Disposal Date TBD	Cubic Yards of Waste Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA
Completed By (Print or Type) Nick Zivkovic	Title President	Signature 	Date 12/11/12

ASB-41
 JUN 95

G4667


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

CK
6/7/12
RECEIVED

Date of Notice 12/7/12

Type Notification		Name of Building Owner / Operator (2) 2012 DEC 17 AM 10:37 Presbyterian Church of New Brunswick		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 100 Livingston Ave		
		City, State & Zip Code New Brunswick, NJ 08901		
		Name of Contact Helen Burd		Telephone Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4) <input 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.)		
100 Livingston Ave		Square Feet 10000	# of Floors 1.5	Bldg. Age 80
City (5) New Brunswick	County (6) Middlesex	County Code (7)		
		Current Use (Prior if being demolished) Church		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 12/10/12	Scheduled Completion Date (11) 12/14/12		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road		
		City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure Other: Non friable <input type="checkbox"/>				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Boiler	370 SF	Removal
Basement	N/A	TSI Duct/Tank	134/100 SF	Removal
Basement	N/A	TSI Pipe	225 LF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20	Name of Registered Landfill TRRF
City, State Freehold, NJ		Disposal Date 12/15/12		City, State Tullytown, Pa
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>		Date 12/7/12

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

Date of Notification (1) December 11, 2012		Name of Building Owner/Operator (2) Shelia Pardoe Check # 5571							
Agencies Notified	Type Notification	Street Address 60 Strickland Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayhead, NJ 08742							
		Name of Contact John Tym	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 60 Strickland Ave		Square Feet 2400	# of Floors 2						
City (5) Bayhead		Bldg. Age 70							
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) MDG		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive		Street Address 623 Cutler Ave							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	License No. 00842						
Start Date (10) December 12, 2012	Scheduled Completion Date (11) December 17, 2012	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Rt. 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Kitchen			XXX	Asbestos Flooring	160 SF	XXX			
Heater Room			XXX	Transite Pipe	25 LF	XXX			
Heater Room			XXX	Transite Cement Board	132 SF	XXX			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill					
City, State Freehold, NJ			Disposal Date 12-17-2012	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature 			Date Dec. 11, 2012			

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

REMEMBER - MAIL IN HARD COPY

DOL - 10 DAY

Date of Notification (1) December 11, 2012		Name of Building Owner/Operator (2) Shelia Pardoe		Check # 5571	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 60 Strickland Ave City, State, Zip Code Bayhead, NJ 08742 Name of Contact John Tym	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address 60 Strickland Ave City (5) Bayhead County (6) Ocean County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) MDG Street Address 1000 Maplowood Drive City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Tony Escalito Telephone No. 856-755-9300		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.) Square Feet 2400 # of Floors 2 Bldg. Age 70 Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Ave City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-755-0099 License No. 00842			
Start Date (10) December 12, 2012 Scheduled Completion Date (11) December 17, 2012		Name of OSHA Monitor EMSL Street Address 200 Rt. 130 North City, State, Zip Code Cinnaminson, NJ 08077			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:					
Scope of Work (Check All That Apply) <input checked="" 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 checked="" type="checkbox"/> Mist-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) Kitchen Heater Room Heater Room		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A XXX XXX XXX		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing VAT, or other miscellaneous) Asbestos Flooring Transite Pipe Transite Cement Board	
Amount (Specify SF or LF) 160 SF 25 LF 132 SF		Abatement Type Removal Repair Encapsulate Enclosure XXX XXX XXX			
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 5 Name of Registered Landfill Grows Landfill Disposal Date 12-17-2012 City, State Tullytown, PA.	
Completed by William Lynch		Title Owner		Signature Date Dec 11, 2012	

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

RECEIVED

Date of Notification (1) 12 / 12 / 12		Name of Building Owner/Operator (2) Borough of East Rutherford		2012 DEC 17 AM 10:36 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Everett Place City, State, Zip Code East Rutherford, New Jersey 07073 Name of Contact John Giancaspro					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse				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 and commercial buildings, homes, etc.)					
Street Address 2 Carlton Avenue									
City (5) East Rutherford, New Jersey 07073				Square Feet 23,500	# of Floors 4				
				Bldg. Age 55+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 01 / 02 / 13		Scheduled Completion Date (11) 03 / 31 / 13		Name of OSHA Monitor J&S Environmental					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Tar	23,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built up Roof Material	1800 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"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S.				
City, State Woodland Park, New Jersey		Disposal Date 04/02/13		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 12/12/12			

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

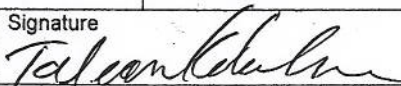
RECEIVED

Date of Notification (1) 12/11/12 CK: 2390 \$200		Name of Building Owner/Operator (2) Brick Township Board of Education							
Agencies Notified	Type Notification	Street Address 101 Hendrickson 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brick, New Jersey 08724							
		Name of Contact Jim Edwards	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brick Township 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 346 Chambers Bridge Road		Square Feet 20,000	# of Floors 2						
City (5) Brick, New Jersey 08724		Bldg. Age 55+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Manasquan, New Jersey 08736		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	Telephone No. 973-225-8400						
Start Date (10) 12/22/12		Scheduled Completion Date (11) 08/09/12	License No. 01104						
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 (2nd shift if necessary)		Name of OSHA Monitor J&S Environmental Laboratories, LLC							
		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
1st Floor Science Rooms		X		Lab Table Tops NON FRIABLE	960 SF	X			
1st Floor Science Rooms		X		FITileCoveBaseMasticNON FRIA	5,100 SF	X			
1st Floor Science Rooms		X		Pipe Insulation	245 LF	X			
1st Floor Science Rooms		X		TrnstTrnsm&FumeHoodPanNON	90 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S Landfill					
City, State woodland Park, New Jersey 07424				Disposal Date 01/04/12	City, State morrissville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 12/11/12					

No check

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

RECEIVED

Date of Notification (1) 12 / 12 / 12		Name of Building Owner/Operator (2) State of New Jersey Department of Treasury							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address PO Box 034		City, State, Zip Code Trenton, New Jersey 08625							
Name of Contact George Schwartz		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJDOT Fernwood Complex Building 1 & 1A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 999 Parkway Avenue		Square Feet 20,000							
City (5) Trenton, New Jersey 08618		# of Floors 2							
County (6) Mercer		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Garage & Workshop							
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.							
Street Address 7 Pleasantville Hill Road		Name of Abatement Contractor (9) Lilich Corporation							
City, State, Zip Code Cranbury, New Jersey 08512		Street Address 606 McBride Avenue							
Project Manager for Monitoring Firm Kevin Lovely		City, State, Zip Code Woodland Park, New Jersey 07424							
Telephone No. 732-644-5418		Telephone No. 973-225-8400							
Start Date (10) 10 / 08 / 12		License No. 01104							
Scheduled Completion Date (11) 01 / 30 / 13		Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM-5PM-AM		Street Address 2333 Route 22 West							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Union, New Jersey 07083							
<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
Entire Exterior Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windows, Caulk & Glazing	308 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 120	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Woodland Park, New Jersey		Disposal Date 02/01/13		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature 			Date 12/12/12		

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

Date of Notification (1) 09/10/12 Ck#: 2256 \$200		Name of Building Owner/Operator (2) State of New Jersey Department of Treasury							
Agencies Notified	Type Notification	Street Address PO Box 034							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, New Jersey 08625							
		Name of Contact George Schwarz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJDOT Fernwood Complex Building 1 & 1A		Type of Facility (4)							
Street Address 999 Parkway 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) Trenton, New Jersey 08618		Square Feet 20,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage & workshop							
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasantville Hill Road		Street Address 606 McBride Avenue							
City, State, Zip Code Cranbury, New Jersey 08512		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-644-5418	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 10/08/12	Scheduled Completion Date (11) 01/08/12	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-5pm		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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
Entire Exterior Building		X		windows, caulk & glazing	308 Each	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 120	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 01/08/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 09/10/12			

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

4189

Date of Notification (1) 12-12-12		Name of Building Owner/Operator (2) S. KUTNICKI						
Agency 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 63 BELLEVUE AVENUE						
		City, State, Zip Code ELMWOOD PARK, NJ 07406						
		Name of Contact A. TASSIYAN	Telephone Number 8					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) S. KUTNICKI		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 63 BELLEVUE AVENUE		Square Feet 1700	# of Floors 2					
City (5) ELMWOOD PARK		Bldg. Age 67 YRS						
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 12-21-12	Scheduled Completion Date (11) 12-22-12	Name of OSHA Monitor Omega Environmental Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM - 5PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 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 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
BASEMENT			X	THERMAL INSULATION	40 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 12-22-12		City, State Waynesburg, Oh				
Completed by R. Veldran		Title Estimator		Signature R. Veldran			Date 12-12-12	

ASB-41

* 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)

Check No. **20928**

RECEIVED

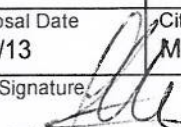
2012 DEC 17 AM 10:09

ASBESTOS CONTROL & LICENSING

Date of Notification (1) December 11, 2012		Name of Building Owner/Operator (2) Deltech Resins, Inc.							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP Not required per State Reg. 10:27-04 <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 49 Rutherford Street City, State, Zip Code Newark, NJ 07105-4820 Name of Contact Asit K. Dutta Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Deltech Resins, Inc.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 49 Rutherford Street									
City (5) Newark, NJ 07105-4820		Square Feet 20,000 +/-	# of Floors 3 Bldg. Age 40+/-						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Educational							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 00118	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc., 22-2674200						
Street Address 464 Valley Brook Avenue		Street Address 223 Randolph Avenue							
City, State, Zip Code Lyndhurst, NJ 07071-1998		City, State, Zip Code Clifton, N.J 07011							
Project Manager for Monitoring Firm Ellen McCabe	Telephone No. 201-438-4839	Telephone No. 973-478-4681	License No. 00120						
Start Date (10) December 21, 2012	Scheduled Completion Date (11) December 23, 2012	Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Valve Assembly - AR1		<input checked="" type="checkbox"/>		Thermal Systems Insulation	4 LF	<input checked="" type="checkbox"/>			
Tank LM-58		<input checked="" type="checkbox"/>		End Capc, Thermal Systems Insulation	56 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., 22-2674200		NJDEP Waste Hauler ID No. 12695		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises, Inc.				
City, State Clifton, N.J 07011		Disposal Date 12/24/12		City, State Waynesburg, OH					
Completed by G. Roger Woodman	Title Project Manager			Signature			Date 12/11/2012		

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

RECEIVED

Date of Notification (1) 12/12/12		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified	Type Notification	Street Address 241 Erie St. Room 236							
<input type="checkbox"/> EPA <input 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07310							
		Name of Contact Uday Mehta	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Port Newark Marine Terminal Administration Building		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 260 Kellogg Street		Square Feet 50000	# of Floors 3						
City (5) Newark		Bldg. Age 60+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Administration Building							
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY&NJ		ASCM No.	Name of Abatement Contractor (9) ABC CONSTRUCTION CONTRACTING INC.						
Street Address 241 Erie St. Room 236		Street Address 36-16 19th Avenue.							
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Astoria, NY 11105							
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881	Telephone No. 718-729-2501						
		License No. 01159							
Start Date (10) 12/14/12	Scheduled Completion Date (11) 12/31/12	Name of OSHA Monitor PRECISION ENVIRONMENTAL							
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 36-15A 23rd Street							
		City, State, Zip Code Long Island City, NY 11105							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Building 260 Maintenance Area			X	VAT	1000 SF	X			
Name of Registered Waste Hauler ABC Construction Contracting Inc.		NJDEP Waste Hauler ID No. 22280	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Astoria, NY 11105		Disposal Date 1/10/13		City, State Morrisville, PA 19067					
Completed by STANKO KORONSOVAC		Title PRESIDENT		Signature 			Date 12-12-12		

12/12/2012 14:10 TWO BROTHERS CONTRACTING

Print Form

CK 17481

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

DOL - 10 DAY

Date of Notification (1) 12/12/2012		Name of Building Owner/Operator (2) ALLRISK, INC		2012 DEC 17 AM 10:55		DEC 1, 2012	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> NJL <input checked="" type="checkbox"/> DOH <input checked="" 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 501 KENNEDY BOULEVARD City, State, Zip Code SOMERDALE, NJ 08083		Name of Contact LOU CRISI	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BAYSHORE VILLAGE - BUILDING D				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 1 SHOAL HARBOUR COURT				Square Feet		Bldg. Age	
City (5) PORT MONMOUTH				Current Use (Prior if being demolished)			
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (8) TWO BROTHERS CONTRACTING			
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.		Street Address 250 RUTHERFORD BLVD			
Street Address 1253 NORTH CHURCH STREET		City, State, Zip Code MOORESTOWN, NJ 08057-1138		City, State, Zip Code CLIFTON, NJ 07014			
Project Manager for Monitoring Firm JIM GALARDI		Telephone No. 856-840-8800		Telephone No. 973-958-8700		License No. 00494	
Start Date (10) 12/13/2012		Scheduled Completion Date (11) 12/17/2012		Name of OSHA Monitor SAME AS (9) ABOVE			
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: VACANT				Street Address City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf of 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) SEE ATTACHED		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, V.A.T., or other miscellaneous) DEC 12 2012		Amount (Specify SF or LF) 10 DAY	
						Abatement Type Removal Repair Encapsulate Enclosure X	
						WAIVER APPROVED	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEF Waste Hauler ID No. 18743		Cubic Yards of Waste 4		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 12/17/2012		City, State MORRISVILLE, PA		Date 12/12/2012	
Completed by VIVECA RAMOS		Title SECRETARY		Signature Viveca Ramos		Date 12/12/2012	

ASB-41 (R-08-08)

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

REMEMBER - MAIL IN HARD COPY

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

RECEIVED

2012 DEC 17 AM 10:55

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 12/12/2012		Name of Building Owner/Operator (2) ALLRISK, INC.							
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 501 KENNEDY BOULEVARD		City, State, Zip Code SOMERDALE, NJ 08083							
Name of Contact LOU CRISCI		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BAYSHORE VILLAGE - BUILDING D		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 1 SHOAL HARBOUR COURT		Square Feet	# of Floors						
City (5) PORT MONMOUTH		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 1253 NORTH CHURCH STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code MOORESTOWN, NJ 08057-1136		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JIM GALARDI		Telephone No. 856-840-8800	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 12/13/2012	Scheduled Completion Date (11) 12/17/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		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 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
SEE ATTACHED		X				X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 4	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 12/17/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>			Date 12/12/2012		

BAYSHORE VILLAGE - BUILDING D

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2012 DEC 17 AM 10:55

<u>APT</u>	<u>LOCATION</u>	<u>MATERIAL</u>	<u>QTY</u>
26	KITCHEN	VAT & MASTIC	30 SF
	HEATER ROOM	VAT & MASTIC	25 SF
28	KITCHEN	VAT & MASTIC	30 SF
	HEATER ROOM	VAT & MASTIC	25 SF
32	KITCHEN	VAT & MASTIC	30 SF
	HEATER ROOM	VAT & MASTIC	25 SF

TOTAL

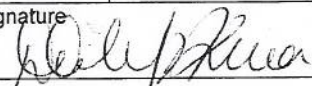
165 SF

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

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2012 DEC 17 AM 10:54

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) <div style="text-align: center;">12 / 11 / 12</div>		Name of Building Owner/Operator (2) Line Street							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Line Street							
		City, State, Zip Code Camden, NJ							
		Name of Contact Ross Caldwell	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Metal Shop		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1035 Line Street		Square Feet 100,000	# of Floors 1						
City (5) Camden		Bldg. Age +/- 75							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 619 River Drive		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Elmwood Park, NJ		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. 201-794-6900	Telephone No. 215-365-5810	License No. 1156						
Start Date (10) <div style="text-align: center;">01 / 02 / 20</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 15 / 20</div>	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM / ____ PM - ____ AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior/Interior (door, window, roof and wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	5,310 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Flange and gaskets	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Mastic	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior (parapet, coping, skylight)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	1200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 160	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA		Disposal Date 03/15/2013		City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar	Title Program Manager		Signature 			Date 12-11-12			

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

Date of Notification (1) <div style="text-align: center;">12 / 11 / 12</div>		Name of Building Owner/Operator (2) Line Street							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Line Street							
		City, State, Zip Code Camden, NJ							
		Name of Contact Ross Caldwell	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Metal Shop		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1035 Line Street		Square Feet 100,000	# of Floors 1						
City (5) Camden		Bldg. Age +/- 75							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 619 River Drive		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Elmwood Park, NJ		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-794-6900	License No. 1156						
Start Date (10) <div style="text-align: center;">01 / 02 / 20</div>	Scheduled Completion Date (11) <div style="text-align: center;">03 / 15 / 20</div>	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM / _____ PM - _____ AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" 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 <div style="margin-left: 400px;"> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div>									
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Galbestos	29,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	49,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mezzanine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	3,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse/Mezzanine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	204 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 160	Name of Registered Landfill Minerva Landfill					
City, State Philadelphia, PA		Disposal Date 03/15/2013		City, State Waynesburg, OH					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature <i>Dilip Kumar</i>				Date 12-11-12	

Continued

cl #4041

RECEIVED
12 DEC 17 AM 10:5
FBI - TELEPHONE NUMBER
& LICENSING

Date of Notification (1) 11/11/12		Name of Building Owner/Operator (2) Allendale Public Schools	
Agencies Notified	Type Notification	Street Address 100 Brookside Avenue	
(X) EPA	(X) Initial Notification	City, State, Zip Code Allendale, NJ 07401	
(X) DEP	() Amended Notification	Name of Contact John E. Boreman, Business Administrator	
(X) DOL	() Cancellation	Telephone Number	
(X) DOH			
(X) DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hillside Elementary School			Type of Facility (4) (X) School (K-12) () Subchapter 8 (Other than K-12) () Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 89 Hillside Avenue			Square Feet 40,000		
City (5) Allendale			# of Floors 1		
County (6) Bergen			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 00073			Street Address 180 Sargeant Avenue		
P.O. Box 316			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code Thorofare, NJ 08086			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm David Flanigan			License Number 00807		
Telephone Number 856-848-0800			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 11/21/12			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 11/28/12			City, State, Zip Code Clifton, NJ 07013		
Occupancy Status During Abatement (Check only one)					
(X) 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
(X) >3 sf or >3 lf
() >160 sf or >260 lf

(X) Renovation

(X) Full Containment with Negative Pressure
() Mini-Enclosure
() Glovebag Procedure
() Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C A P S U L E	E N C A P S U L E
Boiler Room	X			Pipe Fittings	82 each	X				
Boiler Room	X			Water Tank Insulation	45 SF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste TBD	Name of Registered Landfill North G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 	
				Date 12/11/12	