

B & G proj. #: 2011-250

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

Sub Chapter 8

Check # 4933

Date of Notification (1)

12/10/11

Name of Building Owner/Operator (2)

County of Morris

Agencies Notified

☒ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

P.O. Box 900

City, State, Zip Code

Morristown, NJ 07963

Name of Contact

Chris Walker

RECEIVED

DEC 20 2011

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Morris County Courthouse

Street Address

Court Street (Basement tank room & adjacent plumbing shop)

City (5)

Morristown

County (6)

Morris

County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Courthouse

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

ASCM No.

0017

PMK Group

Street Address

65 Jackson Drive, P.O. Box 5000

City, State, Zip Code

Cranford, NJ 07016

Project Manager for Monitoring Firm

Mike Krupa

Phone Number

908-497-8900

Scheduled Start Date (10)

12/27/2011

Sched. Completion Date (11)

12/31/2011

Occupancy Status During Abatement (Check only one)

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

Describe:

☒ Other-Describe: occupied and work performed during normal hours

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
tank room			<input checked="" type="checkbox"/>	tank insulation	300 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tank room			<input checked="" type="checkbox"/>	pipe insulation	480 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plumbing shop			<input checked="" type="checkbox"/>	pipe insulation	330 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tank room			<input checked="" type="checkbox"/>	pipe fitting insulation	est. 40 locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plumbing shop			<input checked="" type="checkbox"/>	pipe fitting insulation	est. 40 locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 25 yards	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ 07035		Disposal Date 1/3/2012		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna			Date 12/07/2011		

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

B & G Proj. # 2011 251

ALVILVIDLII

*** Emergency ***

Check # 1943

Date of Notification (1)

12/13/11

Agencies Notified

- ☐ EPA
☐ DFP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

William Peabody, Jr.

Street Address

37 Wellesley Street

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

William Peabody, Jr.

DEC 20 2011
DOL - 10 DAY

ASBESTOS CONTROL
LICENSE

WAIVER APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

William Peabody, Jr.

Street Address

37 Wellesley Street

City (5)

Maplewood, NJ 07040

County (6)

Essex

County Code (7)
(State use only)

Type of Facility (4)

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

Square Foot

of Floors

Bldg Age

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg Owner (8)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/14/2011

Sched. Completion Date (11)

12/14/2011

Occupancy Status During Abatement (Check only one)

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

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0318

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ ≥ 1 or ≥ 3 lf
☐ ≥ 150 sf or ≥ 250 lf

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☒ Glovobag procedure

☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

pipe insulation

Amount (Specify SF or LF)

120 lf

Removal	Repair	Enclosure	Enclosure
<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"/>

Registered Waste Hauler

B & G Restoration, Inc.

City, State

Lincoln Park, NJ 07035

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2 yards

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Tullytown, PA

Disposal Date
12/15/2011

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

12/13/2011

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

B & G proj. #: 2011-254

*** Emergency ***

Check # 4943

Date of Notification (1) 12/13/11		Name of Building Owner/Operator (2) William Peabody, Jr.		APPROVED NJ Dept. of Health & Senior Services (signature) Date: 12/13/11 Time: 9:50 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 37 Wellesley Street City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact William Peabody, Jr.		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) William Peabody, Jr.			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 37 Wellesley Street			Square Feet # of Floors Bldg. Age		
City (5) Maplewood, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 12/14/2011		Sched. Completion Date (11) 12/14/2011	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement			<input checked="" type="checkbox"/>	pipe insulation	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/15/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 12/13/2011

B & G proj. #: 2011-254

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

*** Emergency ***

Check # 4943

Date of Notification (1)

11/21/11

Name of Building Owner/Operator (2)

William Peabody, Jr.

Street Address

37 Wellesley Street

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

William Peabody, Jr.

Telephone Number

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

William Peabody, Jr.

Street Address

37 Wellesley Street

City (5)

Maplewood, NJ 07040

County (6)

Essex

County Code (7)
(State use only)

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/14/2011

Sched. Completion Date (11)

12/14/2011

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: _____
☐ Other-Describe: _____

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2 yardsName of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJ 07035Disposal Date
12/15/2011City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Treasurer

Signature

Gordana Luna

Date
12/13/2011

Check # 4968

Non Sub 8

FACILITY INFORMATION

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☒ Non-friable procedure

[illegible]

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/30/2011	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 12/16/2011

Notification of Asbestos Abatement

(Pursuant to NJAC 8:50-7 and 12:120-7)

B & G Proj. #

REMEMBER - MAIL IN HARD COPY

*** Emergency ***

Check # 4967

DOL - 10 DAY

Date of Notification (1)

12/14/11

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Watchung Board of Education

Street Address

371 Watchung Avenue

City, State, Zip Code

Bloomfield, NJ 07003

Name of Contact

Walter Shanes

ASBESTOS CONTROL

DEC 15 2011

DEC 20

WAIVER APPROVED

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Watchung Presbyterian Church (Non Sub 8)

Street Address

575 Watchung Avenue

City (5)

County (6)

Essex

County Code (7)
(State use only)

Bloomfield, NJ 07003

Name of Monitoring Firm Hired by Bldg. Owner (10)

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (14)

12/19/11

Sched. Completion Date (11)

12/19/2011

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement
☐ Abatement performed outside of normal facility hours
 Describe:
☐ Other-Describe:

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
church (non sub 8)

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ ≥ 3 sf or ≥ 3 lf☐ ≥ 160 sf or ≥ 250 lf☒ Mini-enclosure☐ Non-friable procedureLocation of
asbestos-containing
material to be
abated in facility (13)Is location normally used solely
by maintenance staff (12)

Yds

In

Sq Ft

Description of asbestos-containing
material (ACM)Amount
(Specify SF or
LF)

R	R	E	E
e	e	n	n
m	p	c	c
o	a	a	a
v	i	p	p
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

basement

basement

pipe insulation

9 lf

pipe

23 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1 yardName of Registered Landfill
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date
12/20/2011

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

12/14/2011

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

B & G proj. #: 2011-255

*** Emergency ***

Check # 4967

Date of Notification (1) <u>12/14/11</u>		Name of Building Owner/Operator (2) Watchung Board of Education		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: <u>12/14/11</u> Time: <u>4:28PM</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 375 Watchung Avenue City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Walter Shattles	
				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Watchung Presbyterian Church (Non Sub 8)			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 375 Watchung Avenue			Square Feet # of Floors Bldg. Age		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) church (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 12/19/11		Sched. Completion Date (11) 12/19/2011	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ Mini-enclosure ☐ Non-liable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	23 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/20/2011	City, State Tullytown, PA	Date 12/14/2011
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	

B & G proj. #: 2011-255

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

*** Emergency ***

Check # 4967

Date of Notification (1) 11/21/11		Name of Building Owner/Operator (2) Watchung Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 375 Watchung Avenue		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Walter Shattes		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Watchung Presbyterian Church (Non Sub 8)			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 375 Watchung Avenue			Square Feet # of Floors Bldg. Age		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) church (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 12/19/11		Sched. Completion Date (11) 12/19/2011	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	23 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 12/20/2011	City, State Tullytown, PA	Date 12/14/2011
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	

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

Date of Notification (1) 11/30/11		Name of Building Owner/Operator (2) BP US Pipelines & Logistics	
Agencies Notified	Type Notification	Street Address 350 Costal St	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Port Newark, NJ	
		Name of Contact Yvan Beausoleil	Telephone Number

RECEIVED
DEC 20 2011

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BP US Pipelines & Logistics		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 350 Costal St		Square Feet 1965	# of Floors 1
City (5) Port Newark, NJ		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Oil Storage Tank	
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. 00023	Name of Abatement Contractor (9) New States Contracting, LLC
Street Address 1600 Route 22 East, Suite 107		Street Address 2400 Main Street Extension, Suite 10	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Sayreville, NJ 08872	
Project Manager for Monitoring Firm Craig Abrams		Telephone No. 908-477-3014	Telephone No. 732-525-0100
License No. 00749		Name of OSHA Monitor New States Contracting / Jeremiah Farmer	
Start Date (10) 1/10/12		Scheduled Completion Date (11) 05/31/12	
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 <input checked="" type="checkbox"/> Other - Describe: Unoccupied tank farm		Show Desktop.scf Street Address 2400 Main St. Extension, Suite 10 City, State, Zip Code Sayreville, NJ 08872	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Oil Storage Tank Roof T104/2004	X			Roof Mastic	3930 SF	X			
And T105/2005 at first then 2 more	X								
Tank roofs T102/2002 and T103/2003	x			Roof Mastic	14525 SF				

Name of Registered Waste Hauler AUCHTER INDUSTRIAL VAC SERVICE INC		NJDEP Waste Hauler ID No. 980772768	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S North	
City, State 4801 SOUTH WOOD AVENUE, LINDEN, NJ 07036			Disposal Date	City, State Morrisville, PA 19067	
Completed by Kurt Nale	Title Superintendent	Signature <i>Kurt Nale</i>		Date 12/15/11	

CHECK #
2159

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

Date of Notification (1) <u>12/16/11</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>	City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>						
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number <u>908-201-2011</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>178 92ND STREET</u>									
City (5) <u>STONE HARBOR</u>		Square Feet	# of Floors Bldg Age						
County (6) <u>Cape May</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>12/27/11</u>	Scheduled Completion Date (11) <u>1/4/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>							
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2500 LF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>					
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>		Signature <u>Joseph Klemm</u>		Date <u>12/16/11</u>			

CHECK #
2162

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

Date of Notification (1) <u>12/17/11</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u> DEC 20 2011					
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>					
		Name of Contact <u>FRANK EDUARDI</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>5604 ROBERTS AVE.</u>		Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) <u>SEA ISLE CITY</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>1/6/12</u>	Scheduled Completion Date (11) <u>1/13/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</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>TRANSITE</u>	Amount (Specify SF or LF) <u>2000 sf</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.V.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>12/17/11</u>				

ASB-41

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

RECEIVED

APPROVED
N. Dept. of Health & Senior Services
2004
(signature)
Date: 12/15/11 Time: 7:46 AM
CONTROL & RECORDS

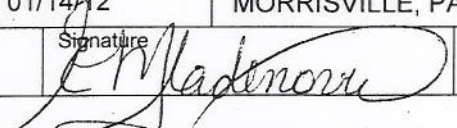
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/15/2011		Name of Building Owner/Operator (2) DOBRIC FAMILY LIMITED PARTNERSHIP LLC	
Agencies Notified	Type Notification	Street Address 3 BAYBERRY LANE	
<input checked="" 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 NORTH HALEDON, NJ 07508	
		Name of Contact MICHAEL DOBRIC	Telephone Number

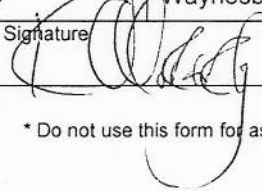
RECEIVED
DEC 20 2011

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE		Type of Facility (4)	
Street Address 770 COMMANCHE LANE		<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) FRANKLIN LAKES		Square Feet 2600	# of Floors 2
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 45 +/-
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) VACANT	
ASCN No.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494
Start Date (10) 12/30/11	Scheduled Completion Date (11) 1/14/12	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT RESIDENCE - WEEKEND WORK ONLY		City, State, Zip Code	
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 <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT HOUSE		X		JOINT COMPOUND	1500 SF	X			
ROOF (AROUND CHIMNEY)		X		BLACK FLASHING	4 SF	X			

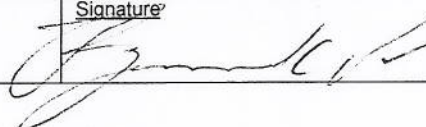
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 01/14/12		City, State MORRISVILLE, PA	
Completed by ELIZABETH MLADENOVIC	Title SECRETARY	Signature 		Date 12/15/11	

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

Date of Notification (1) 12-15-11		Name of Building Owner/Operator (2) Unilever							
Agencies Notified	Type Notification	Street Address 700 Sylvan Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ 07632							
		Name of Contact Mr. Mike Muka							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 800 Sylvan 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) Englewood Cliffs		Square Feet 100,000	# of Floors 3						
County (6) Bergen		Bldg. Age 49 yrs.							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRON		ASCM No. _____							
Street Address 8725 W. Higgins Road, Suite 725		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
City, State, Zip Code Chicago, IL 60631		Street Address 200 Broad Street							
Project Manager for Monitoring Firm Steven Blonz		City, State, Zip Code Carlstadt, NJ 07072							
Telephone No. 773-272-3535		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 12-27-11	Scheduled Completion Date (11) 01-31-12	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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) <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
Ground Floor (Interior Wall)		x		Wall Mastic	300SF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 				Date 12-15-11	

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2011-306

Date of Notification (1) December 16, 2011		Name of Building Owner/Operator (2) ST. PETER'S EPISCOPAL CHURCH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 505 MAIN STREET	
		City, State, Zip Code SPOTSWOOD, NJ 08884	
		Name of Contact Ms. LAURA BONAMICI	Telephone Number ASBESTOS CONTROL &
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ST. PETER'S EPISCOPAL CHURCH		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.)	
505 MAIN STREET		Sq. Feet: ~8000SF # of Floors: 2 Bldg. Age: 60+ years	
City (5) SPOTSWOOD	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/27/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: 8AM TO 5PM		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Various Parish Basement Rooms	<input checked="" type="checkbox"/>	VAT	2220 SF
			<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 12/30/2011	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date December 16, 2011

Copies To: St. Peter's Episcopal Church, Attn: Ms. Laura Bonamici & ATC, Attn: Brian Kearney

CHECK #
2158

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

RECEIVED
DEC 20 2011
LICENSING

Date of Notification (1) <u>12/16/11</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 782 - 8 CLEMONT, NJ</u>	
		City, State, Zip Code <u>CLERMONT, N.J. 08210</u>	
		Name of Contact <u>JIM NEMINOWAY</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>408 99TH ST.</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>
City (5) <u>STONE HARBOR</u>		# of Floors <u>2</u>	Current Use (Prior to being demolished) <u>VACANT</u>
County (6) -	County Code (7) (STATE USE ONLY) -	-	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. -	Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Street Address -		Street Address <u>369 S. SPRUCE AVE.</u>		
City, State, Zip Code -		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		
Project Manager for Monitoring Firm -		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>	

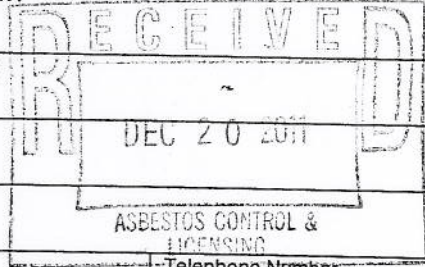
Start Date (10) <u>12/27/11</u>	Scheduled Completion Date (11) <u>1/3/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN FACILITY</u> (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 & LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Exhaustion
<u>SIDING</u>			X	<u>TRANSITE</u>	<u>1700 SF</u>	X			

Name of Registered Waste Hauler <u>KLEMM INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date -		City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>12/16/11</u>	

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



Date of Notification (1) 12/16/11		Name of Building Owner/Operator (2) Joe Nia / Residence							
Agencies Notified	Type Notification	Street Address 118 25th Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Spray Beach NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Nia / 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 118 25th Street		Square Feet 1000	# of Floors 1						
City (5) Spray Beach NJ 08008		Bldg. Age 35 +							
County (6) ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/28/11	Scheduled Completion Date (11) 12/31/11	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding				Exterior Siding	900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/31/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/16/11		

24595

REMEMBER - MAIL IN HARD COPY
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:18)

STEVENS ENVIRONMENTAL
 SERVICES INC
 CHECK # 24595

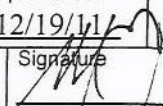
Date of Notification (1) <u>12/15/11</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 206 PO Box 341</u>	City, State, Zip Code <u>Lawrenceville, NJ 08648</u>
		Name of Contact <u>Bob Smith</u>	Telephone Number <u>WAIVER</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>The Lawrenceville School - Outside Trench</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>Route 206 & Main Street</u>		Square Feet	# of Floors
City (5) <u>Lawrenceville, NJ</u>		Bldg Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>steam tunnel</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>12/16/11</u>	Scheduled Completion Date (11) <u>12/16/11</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>7AM -3:30PM</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 ft <input type="checkbox"/> >160 sf or >260 ft		<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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>exterior trench</u>			<u>pipe insulation</u>
			<u>15 LF</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>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/19/11</u>	City/State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>12/15/11</u>

ABB-11
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* Do not use this form for asbestos licensee exempted activities

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

STEVENS ENVIRONMENTAL
SERVICES INC
CHECK # 24595

Date of Notification (1) <u>12/15/11</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Route 206 PO Box 66067</u>	
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>	
		Name of Contact <u>Bob Smith</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>The Lawrenceville School - Outside Trench</u>		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 <u>Route 206 & Main Street</u>		Square Feet	# of Floors
City (5) <u>Lawrenceville, NJ</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>steam tunnel</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>12/16/11</u>	Scheduled Completion Date (11) <u>12/16/11</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>7AM -3:30PM</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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 IN Facility</u> (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>exterior trench</u>		<input checked="" type="checkbox"/>	<u>pipe insulation</u>
			<u>15 LF</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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/19/11</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>12/15/11</u>

#1216

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



<u>Date of Notification (1)</u> 12-15-2011		<u>Name of Building Owner/Operator (2)</u> Westminster Presbyterian Church	
<u>Agencies Notified</u> () EPA () DEP () DOL () DOH () DCA	<u>Notification Type</u> () Initial Notification () Amended Certification () Cancelled (X) Emergency	<u>Street Address</u> 137 Chambers Street	<u>City, State, Zip Code</u> Phillipsburg, NJ 08865
		<u>Name of Contact</u> Walter Hartzell	<u>Tel. Number</u>

<u>Name of Facility Where Abatement is Taking Place (3)</u> Westminster Presbyterian Church		<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> 137 Chambers Street		<u>Sq. Feet</u> _____ <u># of Floors</u> _____
<u>City (5)</u> Phillipsburg	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Whitman Company	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Nick Restoration LLC
--	-----------------	---

<u>Street Address</u> 116 Tices Lane	<u>Street Address</u> 72 Brookside Rd
<u>City, State, Zip Code</u> East Brunswick, NJ 08816	<u>City, State, Zip Code</u> Randolph, NJ 07869

<u>Project Manager for Monitoring Firm</u> Kevin Louley	<u>Telephone Number</u> 732-390 5858	<u>Telephone Number</u> 973 933-2550	<u>License Number</u> 01133
--	---	---	--------------------------------

<u>Scheduled Start Date (10)</u> 12-16-2011	<u>Scheduled Completion Date (11)</u> 12-19-2011	<u>Name of OSHA Monitor</u> J+S Environmental LLC
--	---	--

<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> 2333 Route 22 West
<u>Describe</u> Other - Describe	<u>City, State, Zip Code</u> Union, NJ 07083

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
boiler room	YES NO NA X	TSI	200 LF	Rem. Rep. Encap. Enclose X

<u>Name of Reg. Waste Hauler</u> Nica Restoration	<u>NJDEP Waste Hauler ID #</u> 0033782	<u>Cubic Yards of Waste</u>	<u>Name of Reg. Landfill</u> G.R.O.W.S
<u>City, State</u> Randolph, NJ	<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA	
<u>Completed by (Print or Type)</u> Elvira Mrda	<u>Title</u> President	<u>Signature</u> Elvira Mrda	<u>Date</u> 12-15-2011

1230

State of New Jersey

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) December 13, 2011		Name of Building Owner/Operator (2) Johnson & Johnson	
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 Notification <input type="checkbox"/> Emergency Notification w/Justification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address One Johnson & Johnson Plaza	
		City, State, Zip Code New Brunswick NJ 08933	
		Name of Contact Jeffrey Macor	Telephone Number ASBESTOS CONTROL & TESTING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Johnson & Johnson Boiler House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial, buildings, homes, etc.)		
Street Address 501 George Street			Square Feet 100000	# of Floors 4	Bldg. Age 80+
City (5) New Brunswick	County (6) Middlesex	County Code (7) (State Use Only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) LVI Demolition Services, Inc.		
Street Address 1200 North Warren Street		Street Address 32 Williams Parkway			
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code East Hanover, NJ 07936			
Project Manager for Monitoring Firm Rick Beach		Telephone Number 609-392-4200	Telephone Number 973-884-8682	License Number 00860	
Scheduled Start Date (10) 12/27/11 Month / Day / Year		Sched. Completion Date (11) 12/30/11 Month / Day / Year		Name of OSHA Monitor Jose Moya	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Occupied <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover NJ 07936		

Scope of Work (Check all that apply)

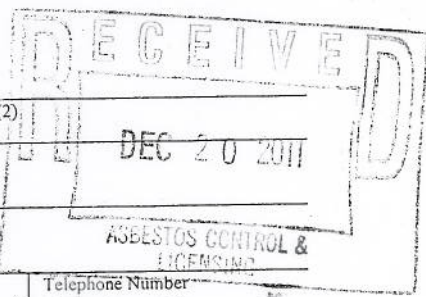
☐ Demolition
☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☒ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedure & "Wrap & Cut"
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ground Floor	X	Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania			
City, State East Hanover, NJ 07936		Disposal Date 1/6/2012	City, State Morrisville, Pa				
Completed By (Print or Type) Ed King		Title President	Date December 13, 2011				

1038

State of New Jersey
Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) December 12, 2011		Name of Building Owner/Operator (2) Johnson & Johnson Services, Inc.	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [] Initial Notification	Street Address 1003 Route 202	
	[] Emergency Notification w/Justification	City, State, Zip Code Raritan NJ 08869	
	[X] Amended Notification #1	Name of Contact Hugh Symonds	Telephone Number
	[] Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NCS			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) - [X] Other (i.e., private & commercial, buildings, homes, etc.)		
Street Address 1003 Route 202			Square Feet 100000	# of Floors 4	Bldg. Age 80+
City (5) Raritan	County (6) Middlesex	County Code (7) (State Use Only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No.	Name of Abatement Contractor (9) LVI Demolition Services, Inc.		
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway			
City, State, Zip Code Sparta NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Manager for Monitoring Firm		Telephone Number 973-729-5649	Telephone Number 973-884-8682	License Number 00860	
Scheduled Start Date (10) 12/12/11 Month / Day / Year	Sched. Completion Date (11) 1/6/2012 Month / Day / Year	Name of OSHA Monitor Jose Moya			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacant During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility [] Occupied [X] Hours - Describe: 7:00 am to 11:00 pm [] Other - Describe: _____			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover NJ 07936		

Scope of Work (Check all that apply)

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

[X] Renovation

- [] Full Containment with Negative Pressure
[] Mini-Enclosure
[X] Glove Bag Procedure & "Wrap & Cut"
[X] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Ceiling of North Restrooms		Pipe Fittings	20 LF	X			
1 st Floor hallway		VAT & Mastic	1300 SF	X			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania			
City, State East Hanover, NJ 07936		Disposal Date 1/13/2012	City, State Morrisville, Pa				
Completed By (Print or Type) Ed King		Title President	Date December 12, 2011				

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


4172

Date of Notification (1) December 19, 2011		Name of Building Owner/Operator (2) Sims Metal Management	
Agencies Notified	Type Notification	Street Address 1 Linden Avenue East	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Jersey City, New Jersey 07305	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Tom Schaad	

RECEIVED
DEC 20 2011
ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4)	
Street Address 76-88 Roanoke 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) Newark, New Jersey		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) empty	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 610-891-0114	License No. 00781
Start Date (10) 1/9/2012	Scheduled Completion Date (11) TBD		Name of OSHA Monitor The MACK Group, LLC.
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" 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
20 tanker railcars		<input checked="" type="checkbox"/>		ACM insulating liner	23,350 sf	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Freehold Cartage, Inc.		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 233.5	Name of Registered Landfill GROWS	
City, State Freehold, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Michael Cooper	Title President	Signature 	Date 12/19/11		

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

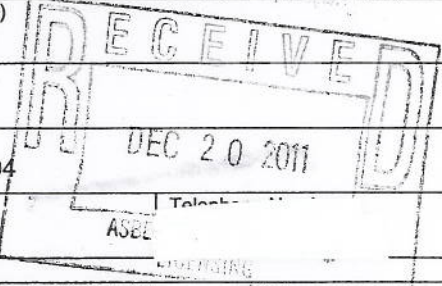
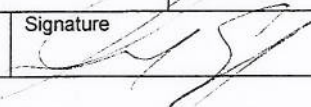
Date of Notification (1) <u>12-19-11</u>		Name of Building Owner/Operator (2) <u>FLORENCE BRYAN</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 416</u>					
		City, State, Zip Code <u>ALIAMUCHY, NJ 07820</u>					
		Name of Contact <u>MICHAEL J. DARATA</u>					
		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>COMCAST CABLE BLDG</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>171 RIVER ROAD</u>		Square Feet <u>10,000</u>	# of Floors <u>2</u>				
City (5) <u>NORTH ARLINGTON, NJ</u>		Bldg. Age <u>55+</u>					
County (6) <u>BERGEN</u>		County Code (7) (STATE USE ONLY) <u>COMMERCIAL OFFICES</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>ENVIRONMENTAL TACTICS, INC.</u>		ASCM No. <u>0045</u>	Name of Abatement Contractor (9) <u>UNIPRO, INC.</u>				
Street Address <u>64 BROAD ST.</u>		Street Address <u>173 KARKUS AVE.</u>					
City, State, Zip Code <u>MATAWAN, NJ 07747</u>		City, State, Zip Code <u>WOODBIDGE, NJ 07095</u>					
Project Manager for Monitoring Firm <u>THOMAS P. GEEKER</u>		Telephone No. <u>732-290-2217</u>	Telephone No. <u>732-726-3111</u>				
Start Date (10) <u>12-29-11</u>		Scheduled Completion Date (11) <u>12-31-11</u>	License No. <u>00615</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>ENVIRONMENTAL TACTICS INC.</u>					
		Street Address <u>64 BROAD ST.</u>					
		City, State, Zip Code <u>MATAWAN NJ 07747</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 IN Facility (13)</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)	Amount (Specify SF or LF) <u>1,000 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>1st. Floor</u>		<u>VAT</u>	<u>1,000 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>NEWARK CARTING INC.</u>		RIDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>G. ROWS. INC.</u>			
City, State <u>NEWARK, NJ</u>		Disposal Date <u>1-3-12</u>	City, State <u>MORRISVILLE, PA.</u>				
Completed By <u>DAVID T. TOLCHIN</u>		Title <u>PRES.</u>	Signature <u>David T. Tolchin</u>		Date <u>12-19-11</u>		

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

Date of Notification (1) 12-14-2011		Name of Building Owner/Operator (2) C. SCHULTS							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 237 W. CLINTON AVE							
		City, State, Zip Code TENAFLY, NJ 07670							
		Name of Contact C. SCHULTS Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) C. SCHULTS		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 237 W. CLINTON AVE		Square Feet 3000	# of Floors 2						
City (5) TENAFLY		Bldg. Age 72 yrs.							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 12-23-2011	Scheduled Completion Date (11) 12-24-2011	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	THERMAL INSULATION	20 LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032			Disposal Date 12-24-2011	City, State Newburgh PA, 17242					
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran	Date 12-14-2011					

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

Check # 1711

Date of Notification (1) 12/16/2011		Name of Building Owner/Operator (2) Real Living Gateway Realty							
Agencies Notified		Type Notification							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 464 Boulevard		City, State, Zip Code Hasbrouck Heights, NJ 07604							
		Name of Contact Laurell Albanese							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address 63 Hoover Ave.				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bloomfield, NJ		Square Feet 2500		# of Floors 2					
County (6) Essex County		County Code (7) (STATE USE ONLY) _____		Bldg. Age 70					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Pyramid Contracting Corp.					
Street Address				Street Address 163 Sargeant Ave					
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07013					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-689-6281					
Start Date (10) 12/27/2011		Scheduled Completion Date (11) 12/28/2011		License No. 01099					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:00pm				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste 1		Name of Registered Landfill GROWS			
City, State Clifton, NJ 07013		Disposal Date		City, State Morrisville, PA					
Completed by Dimo Golcev		Title V. President		Signature 		Date 12/16/2011			

No check

original

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

3208

Date of Notification (1) 11-21-2011		Name of Building Owner/Operator (2) PALLMANN PULVERIZER						
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 820 BLOOMFIELD AVENUE City, State, Zip Code CLIFTON, NJ 07012 Name of Contact W. MORRISON Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PALLMANN PULVERIZER		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 820 BLOOMFIELD AVENUE		Square Feet 9500	# of Floors 2					
City (5) CLIFTON		Bldg. Age 65YRS						
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Drive if being demolished) VACANT OFFICE/STORAGE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 12-1-2011		Scheduled Completion Date (11) 12-3-2011						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM 5PM		Name of OSHA Monitor Omega Environmental Services						
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606						
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
OFFICE/STORAGE GROUND LEVEL			VAT	1450 SF	X			
BUILDING 3 GROUND LEVEL			VAT	350 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 3405	Name of Registered Landfill Cumberland County Landfill				
City, State South Kearny N.J. 07032		Disposal Date 12-3-2011		City, State Newburgh PA, 17242				
Completed by R. VELDRAN		Title Estimator		Signature R. Veldran		Date 11-21-2011		

*Amended Due to owners delay
completion date change*

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:123)

3208

Date of Notification (1) 12-2-11		Name of Building Owner/Operator (2) PALLMANN PULVERIZER							
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 820 BLOOMFIELD AVENUE City, State, Zip Code CLIFTON, NJ 07012 Name of Contact W. MORRISON							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PALLMANN PULVERIZER		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 820 BLOOMFIELD AVENUE		Square Feet 9500	# of Floors 2						
City (5) CLIFTON		Bldg. Age 65 YRS							
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Describe if not in use) VACANT OFFICE/STORAGE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 12-1-2011	Scheduled Completion Date (11) 12-16-11	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sf or 25 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OFFICE/STORAGE GROUND LEVEL				VAT	1450 SF	X			
BUILDING 3 GROUND LEVEL				VAT	350 SF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 3405	Name of Registered Landfill Cumberland County Landfill					
City, State South Kearny N.J. 07032		Disposal Date 12-16-2011		City, State Newburgh PA, 17242					
Completed by R. VELDRAN		Title Estimator		Signature R. Veldran		Date 12-2-11			

Amended Due to camera delay TO EMPTY BUILDING #3
Completion date change

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:129)

3208

Date: 12-16-2011		Name of Building Owner/Operator (2) PALLMANN Pulverizer	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	820 Bloomfield Avenue	CLIFTON, NJ 07012
		Name of Contact	Telephone Number
		W. MORRISON	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PALLMANN PULVERIZER		Type of Facility (4)	
Street Address 820 Bloomfield Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) CLIFTON	Square Feet 9500	# of Floors 2	Bldg. Age 65YRS
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (8) (If building is vacant, specify)	
		VACANT OFFICE/STORAGE	
Name of Monitoring Firm Hired by Building Owner (9)		ASCM No.	
Street Address		Name of Abatement Contractor (5)	
City, State, Zip Code		Best Removal Inc	
Project Manager for Monitoring Firm		Street Address	
Telephone No.		450 South River St	
Start Date (10) 12-1-2011		City, State, Zip Code Hackensack, N.J. 07601	
Scheduled Completion Date (11) 1-9-2012		Telephone No. 201-329-7444	
Occupancy Status During Abatement (Check Only One)		License No. 00388	
<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: 7 AM 5 PM		Name of OSHA Monitor Omega Environmental Services	
Scope of Work (Check All That Apply)		Street Address	
<input type="checkbox"/> < 25 sf or < 25 ft <input checked="" type="checkbox"/> ≥ 250 sf or ≥ 250 ft		280 Huyler St	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code South Hackensack, N.J. 07606	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
OFFICE/STORAGE GROUND LEVEL	Yes No N/A	VAT	1450 SF
BUILDING #3 GROUND LEVEL	Yes No N/A	VAT	350 SF
Name of Registered Waste Hauler DJM Transport, Inc		NJ DEP Waste Hauler ID No. 22393	Cubic Yards of Waste 340S
City, State South Kearny N.J. 07032		Name of Registered Landfill Cumberland County Landfill	
City, State Newburgh PA, 17242		City, State Newburgh PA, 17242	
Completed by R. Veldran		Signature R. Veldran	
Title Estimator		Date 12-16-11	

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

Date of Notification (1) 12 / 13 / 11		Name of Building Owner/Operator (2) Mercer Co Technical Schools		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED DEC 20 2011 ASBESTOS CONTROL & Telephone Number </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-12/15/11 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1085 Old Trenton Rd							
		City, State, Zip Code Trenton, NJ 08690							
		Name of Contact Sean Cavalier							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercer Co. Technical School - Sypek Center Building B				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 129 Bull Run Rd				Square Feet 15000	# of Floors 1				
City (5) Pennington				Bldg. Age 50+					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections Inc.		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 N Warren St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Holbig		Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 12 / 14 / 11		Scheduled Completion Date (11) 12 / 23 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM PM- AM REV#1 - OFF SITE 12/16/11; BACK ON SITE 12/19/11			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler packing	242 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler gasket	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>			Date 12/15/11		

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

APPROVED: PAUL HORNER, NJDO L
TOM VOORHEES

Date of Notification (1) <div style="text-align: center;">12 / 13 / 11</div>		Name of Building Owner/Operator (2) Mercer Co Technical Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1085 Old Trenton Rd							
		City, State, Zip Code Trenton, NJ 08690							
		Name of Contact Sean Cavalier	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercer Co. Technical School - Sypek Center Building B		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 129 Bull Run Rd		Square Feet 15000	# of Floors 1						
City (5) Pennington		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections Inc.	ASCN No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 120 N Warren St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Brian Holbig	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">12 / 14 / 11</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 23 / 11</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler packing	242 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler gasket	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>			Date 12/13/11			

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

Check # 8076
RECEIVED

Date of Notification (1) 12-17-11		Name of Building Owner/Operator (2) J. Robert Hillier							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 190 Witherspoon Street City, State, Zip Code Princeton NJ 08542 Name of Contact James Banks Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Stone front/Apartment		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 198 Witherspoon Street		Square Feet	# of Floors 2						
City (5) Princeton NJ 08542		Bldg. Age 80+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Store front/Apartment							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC						
Street Address P.O. BOX 337		Street Address P.O. BOX 337							
City, State, Zip Code NEW EGYPT, NJ 08533		City, State, Zip Code NEW EGYPT, NJ 08533							
Project Manager for Monitoring Firm STEVE SCHENKER		Telephone No. 609-758-3365	License No. 00394						
Start Date (10) 12-27-11	Scheduled Completion Date (11) 12-30-11	Name of OSHA Monitor EPC TECHNOLOGIES, INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. BOX 337 City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		X		Paper Wrap on Air Ducts	70 LF	X			
2nd Bathroom		X		Floor Tiles	50 SF	X			
2nd Front Room		X		Linoleum paper Debris	100 SF	X			
Basement	X			Cement Board	32 SF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ 08533			Disposal Date 12-30-11	City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker	Date 12-17-11					

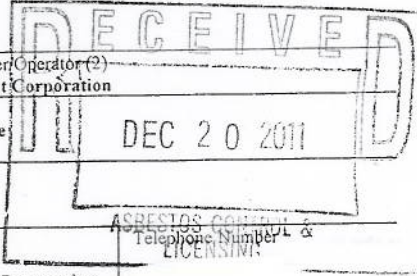
Material may not be Asbestos, Waiting on Bulk Samples Results

1031

State of New Jersey
Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) December 13, 2011		Name of Building Owner/Operator (2) Mountain Development Corporation
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 Notification <input type="checkbox"/> Emergency Notification w/Justification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 100 Delawanna Avenue City, State, Zip Code Clifton NJ 07014 Name of Contact David Poloni, Iron Hill Construction



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mountain Technology Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial, buildings, homes, etc.)	
Street Address 2 Peekay Drive		Square Feet 78,400	# of Floors 2
City (5) Clifton		County (6) Passaic	County Code (7) (State Use Only)
Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	
Street Address 500 East Washington Street		Name of Abatement Contractor (9) LVI Demolition Services, Inc.	
City, State, Zip Code Norristown PA 19401		Street Address 32 Williams Parkway	
Project Manager for Monitoring Firm Sam Kucia		Telephone Number 610-279-7070	License Number 00860
Scheduled Start Date (10) 1/03/2012 Month / Day / Year	Sched. Completion Date (11) 02/03/2012 Month / Day / Year	Name of OSHA Monitor Jose Moya	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Occupied <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:		Street Address 32 Williams Parkway City, State, Zip Code East Hanover NJ 07936	

Scope of Work (Check all that apply)

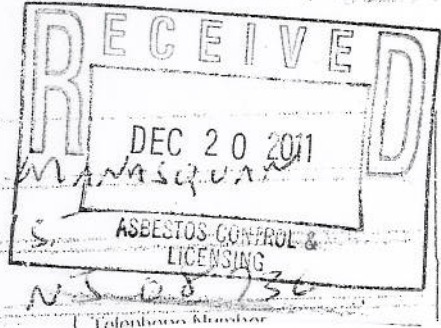
☒ Demolition
☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☐ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedure & "Wrap & Cut"
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Throughout Structure	<input checked="" type="checkbox"/>	Floor Tiles	5000 SF	<input checked="" type="checkbox"/>			
Exterior of Building	<input checked="" type="checkbox"/>	Caulk	200 LF	<input checked="" type="checkbox"/>			
Roof	<input checked="" type="checkbox"/>	Roofing Material	21000 SF	<input checked="" type="checkbox"/>			
Roof	<input checked="" type="checkbox"/>	Duct Insulation	2600 SF	<input checked="" type="checkbox"/>			
Window	<input checked="" type="checkbox"/>	Window Glazing	600 SF	<input checked="" type="checkbox"/>			
Air Handling Unit	<input checked="" type="checkbox"/>	Damper Cloth	2 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania			
City, State East Hanover, NJ 07936		Disposal Date 12/23/11	City, State Morrisville, Pa				
Completed By (Print or Type) Ed King		Title President	Date December 13, 2011				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 12-16-11		Name of Building Owner/Operator (2) Borough of Manasquan	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <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 201 R MAIN ST	City, State, Zip Code MANASQUAN NJ 08038
		Name of Contact MARK WEIZELZAK	Telephone Number

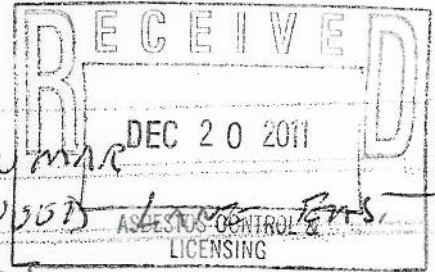
Name of Facility Where Abatement is Taking Place (3) Borough of Manasquan		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 201 R MAIN ST		Square Feet 1200	# of Floors 2
City (5) MANASQUAN		Bldg. Age 84	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732 244 1757	License No. 00029
Start Date (10) 12-26-11	Scheduled Completion Date (11) 12-31-11	Name of OSHA Monitor ACE INSULATION CO 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 type="checkbox"/> Other - Describe:		Street Address 95 MONTROSE RD	
		City, State, Zip Code COLTS NECK NJ 07722	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 31 or > 3 ft <input checked="" type="checkbox"/> > 160 sf or > 260 ft		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	In Place	Enclose
2nd Floor				Seal Compound	500 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill ICSI	
City, State COLTS NECK NJ 07722		Disposal Date 1-2-12	City, State BETHLEM PA		
Completed By Jack Hall	Title OPS MGR	Signature <i>Jack Hall</i>	Date 12-16-11		

CR # 1302

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



Date of Notification (1) 12-16-11		Name of Building Owner/Operator (2) CHARLES KUMAR	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 10 BUTTOWOOD LANE BUS.		City, State, Zip Code Rumson NJ	
Name of Contact Charles		Telephone Number charles	

Name of Facility Where Abatement is Taking Place (3) CHARLES KUMAR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 10 BUTTOWOOD LANE BUS.		Square Feet 2000 # of Floors 2 Bldg. Age 80	
City (5) Rumson		Current Use (Prior if being demolished) House	
County (6) Monmouth		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	
Telephone No.		License No. 00029	
Start Date (10) 12-26-11		Scheduled Completion Date (11) 12-31-11	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Name of OSHA Monitor ACE INSULATION CO INC	
Street Address		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code COLTS NECK NJ 07722	


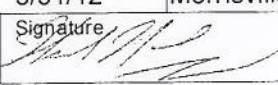
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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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			20 to 299 sq. ft.	300 to 999 sq. ft.	1000 to 2999 sq. ft.	3000 or more sq. ft.
				PIPE CONTAINMENT	200 LF				<input checked="" type="checkbox"/>

Name of Registered Waste Hauler ACE INSULATION CO		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3		Name of Registered Landfill ICSE	
City, State COLTS NECK NJ 07722		Disposal Date 12-12		City, State BETHLEHEM PA		Date 12-16-11	
Completed By Jack GALL		Title OPS mgr		Signature Jack GALL			

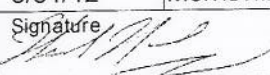
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

4165

Date of Notification (1) December 02, 2011		Name of Building Owner/Operator (2) Camelot at Marlboro Urban Renewal, LLC						
Agencies Notified	Type Notification	Street Address 433 River Road						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highland Park, NJ 08904						
		Name of Contact Jason Kaplan						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Entron Industries				Type of Facility (4)				
Street Address 418 State Highway 79				<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) Marlboro Township, NJ				Square Feet	# of Floors			
County (6) Monmouth				Bldg. Age				
County Code (7) Monmouth		County Code (7) <i>(STATE USE ONLY)</i> _____		Current Use (Prior if being demolished) business				
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.				
Street Address 411 Southgate Court, Suite E				Street Address 1500 Kings HWY N, STE 209				
City, State, Zip Code Mickleton, NJ 08056				City, State, Zip Code Cherry Hill, NJ 08034				
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-223-0080		Telephone No. (973) 759 - 5000	License No. 00781			
Start Date (10) 12/19/11		Scheduled Completion Date (11) 3/31/12		Name of OSHA Monitor The MACK Group, LLC.				
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Cherry Hill, NJ 08034				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <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
see attached		<input checked="" type="checkbox"/>	see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting		NJ DEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS			
City, State Freehold / Newark, NJ		Disposal Date 3/31/12		City, State Morrisville, PA				
Completed by Mike Cooper		Title President		Signature 		Date 12/2/11		

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

4171

Date of Notification (1) December 16, 2011		Name of Building Owner/Operator (2) Camelot at Marlboro Urban Renewal, LLC						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	433 River Road						
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code						
<input checked="" type="checkbox"/> DOL	Amendment # 1	Highland Park, NJ 08904						
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number					
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Jason Kaplan						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Entron Industries		Type of Facility (4)						
Street Address 418 State Highway 79		<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) Marlboro Township, NJ		Square Feet	# of Floors					
County (6) Monmouth		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) business						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental		Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 411 Southgate Court, Suite E		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-223-0080	License No. 00781					
Start Date (10) 12/26/11	Scheduled Completion Date (11) 3/31/12	Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
see attached		<input checked="" type="checkbox"/>	see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS				
City, State Freehold / Newark, NJ		Disposal Date 3/31/12		City, State Morrisville, PA				
Completed by Mike Cooper		Title President		Signature 			Date 12/16/11	