

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

Date of Notification (1) 12/22/2011		Name of Building Owner/Operator (2) P.S.E. &G - Central Div.		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED DEC 27 2011 ASBESTOS ABATEMENT LICEI </div>					
Agencies Notified	Type Notification	Street Address 472 Weston Canal Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerset, NJ 08873							
		Name of Contact George Vilaro							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E & G				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 Rt. 1 & Pierson Ave.				Square Feet Appx. 16000	# of Floors 3				
City (5) Metuchen				Bldg. Age appx. 73 Yrs.					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Switch Station					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045		Name of Abatement Contractor (9) Unique Systems of America					
Street Address 64 Broad St.				Street Address 396 Whitehead Ave.					
City, State, Zip Code Matawan, NJ 07747				City, State, Zip Code South River, NJ 08882					
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		Telephone No. 732-432-8350	License No. 01111				
Start Date (10) 1/10/12		Scheduled Completion Date (11) 1/10/12		Name of OSHA Monitor Unique Systems of America					
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: away from/abatement done within containment				Street Address 396 Whitehead Ave.					
				City, State, Zip Code South River, NJ 08882					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1st Floor		X		Electric Cable Wrap	85 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 8	Name of Registered Landfill GROWS				
City, State ELIZABETH, NJ				Disposal Date 1/11/2012	City, State MORRISVILLE, PA				
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 12/22/2011			

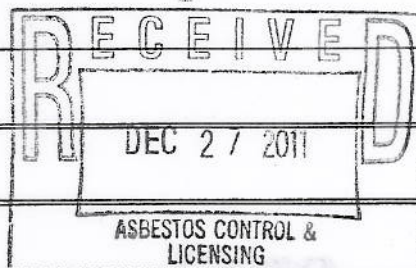
21389

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

Date of Notification (1) 12 / 22 / 11		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross Chomik Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Bldg. 6		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 67 Whippany Road		Square Feet 79,749							
City (5) Whippany		# of Floors 1	Bldg. Age 54 years						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.	ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.							
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 01 / 04 / 12	Scheduled Completion Date (11) 03 / 02 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 2 Henderson Drive, Ste A City, State, Zip Code West Caldwell, NJ 07006							
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 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
Crawlspace, 1 st Floor, Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	5,888 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace / Mechanical Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Debris / Duct Insulation	52,672 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor / Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT, Mastic, Sheetrock Glue/Roofing	121,179 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Doors	36 Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 400	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 3/20/2012		City, State Waynesburgh OH					
Completed By (Print or Type) Nick Petrovski	Title President	Signature 				Date 12-22-11			

MO
19093120042
Paragon Job#

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



Date of Notification (1) 12/1/12 12/1/11		Name of Building Owner/Operator (2) Hanover Township	
Agencies Notified	Type Notification	Street Address 1000 Rt. 10 Box 250	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Whippany, NJ 07481	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Susan Brady	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (include justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			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 131 Reynolds Ave.			Square Feet 1,400 sf		
City (5) Whippany, NJ 07481			# of Floors 02		
County (6) Morris			Bldg. Age 80		
County Code (7) (State use only)			Current Use (Prior if being demolished) Abandoned Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address				Street Address 590 River Rd.	
City, State, Zip Code				City, State, Zip Code Clifton, NJ 07014	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973) 614-1600	
				License Number 00748	
Scheduled Start Date (10) 01/02/2012		Sched. Completion Date (11) 01/04/2012		Name of OSHA Monitor Paragon Contracting, Inc.	
Occupancy Status During Abatement (Check only one)				Street Address 590 River Rd.	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code Clifton, NJ 07014	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
Exterior			<input checked="" type="checkbox"/>	Shingle Siding	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 15 cyds	Name of Registered Landfill Tullytown/GROWS
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 12/22/2011

2022


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

Date of Notification (1) <u>12/21/2011</u>		Name of Building Owner/Operator (2) <u>Glenwood Apartment & Country Club</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"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1655 US HWY 9</u>	
		City, State, Zip Code <u>Old Bridge, NJ 08857</u>	
		Name of Contact <u>Bernadette Poppel</u>	

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ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Apartments Bldg.</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2 A-D Sandalwood Court</u>		Square Feet <u>2000 SF</u>	# of Floors <u>2</u>
City (5) <u>Old Bridge,</u>		Bldg. Age <u>60+</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Apartments Bldg.</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u>	
Street Address		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>	
City, State, Zip Code		City, State, Zip Code <u>Clifton, NJ 07012</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>973-389-0089</u>	License No. <u>00693</u>
Start Date (10) <u>01/02/2011</u>	Scheduled Completion Date (11) <u>01/03/2011</u>	Name of OSHA Monitor <u>DIA General Construction, Inc.</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>1360 Clifton, Avenue, PMB Suite 218</u>	
		City, State, Zip Code <u>Clifton, NJ 07012</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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
Crawl Space			X	Pipe/Elbow Insulation	200 LF	X			

Name of Registered Waste Hauler <u>Service Transport Group</u>	NJDEP Waste Hauler ID No. <u>20970</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>New Castle, DE</u>	Disposal Date <u>01/03/2011</u>	City, State <u>Waynesburg, OH 44688</u>	
Completed By <u>Krutarth Jagad</u>	Title <u>President</u>	Signature 	Date <u>12/21/2011</u>

ASB41

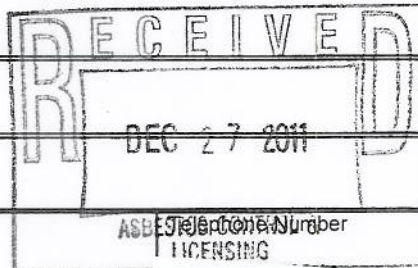
• Do not use this form for asbestos licensure exempted activities.

4085

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

D&S Proj. #: MS 12-02

Date of Notification (1) 12/12/12		Name of Building Owner/Operator (2) RICK & JOAN HARDEN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 302 MANOR ROAD City, State, Zip Code RIDGEWOOD, NJ 07450	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact RICK & JOAN HARDEN	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICK & JOAN HARDEN			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 302 MANOR ROAD			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 01/05/11		Sched. Completion Date (11) 01/12/11		License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input 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 w/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)	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	250 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 3 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/06/11		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/22/11	

D&S Proj. #: MS 11-508

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



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DEC 27 2011

ASBESTOS CONTROL & LICENSING

Telephone Number

Date of Notification (1) 1/12/11		Name of Building Owner/Operator (2) ALLAN & BETH CHANIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 115 BOOTH AVENUE City, State, Zip Code ENGLEWOOD, NJ Name of Contact ALLAN & BETH CHANIN	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			

FACILITY INFORMATION

Name of facility where abatement is taking place (3):

ALLAN & BETH CHANIN

Street Address

115 BOOTH AVENUE

City (5)

ENGLEWOOD

County (6)

BERGEN

County Code (7)
(State use only)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/22/11

Sched. Completion Date (11)

12/28/11

Occupancy Status During Abatement (Check only one)

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

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥180 sf or ≥280 lf☐ Demolition

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)

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

00159

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedure

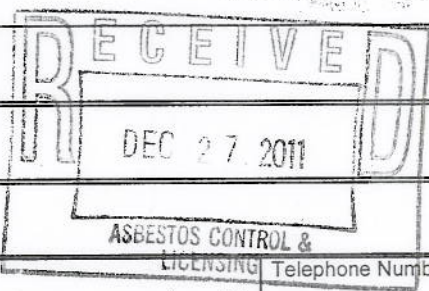
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	129 L FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
2 YDSName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
PATERSON, NJ 07503Disposal Date
12/23/11City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN IOLDZICTitle
PRESIDENT

Signature

Date
12/21/11

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



Date of Notification (1) 1/21/11		Name of Building Owner/Operator (2) ALLAN & BETH CHANIN	
Agencies Notified	Type Notification	Street Address 115 BOOTH AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code ENGLEWOOD, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ALLAN & BETH CHANIN	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALLAN & BETH CHANIN			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 115 BOOTH AVENUE			Square Feet		
City (5) ENGLEWOOD			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
			License Number 00159	
Start Date (10) 12/22/11		Sched. Completion Date (11) 12/28/11		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

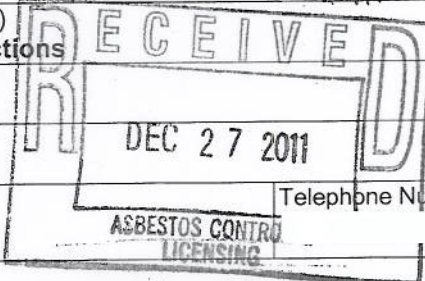
Scope of Work (check all that apply)				Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input checked="" type="checkbox"/> Renovation				<input checked="" type="checkbox"/> Glovebag procedure			
<input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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	129 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/23/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/21/11	

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

Date of Notification (1) 12/20/11		Name of Building Owner / Operator (2) State of NJ Department of Corrections	
Agencies Notified	Type Notification	Street Address PO Box 11401	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Yardville, NJ 08620	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Joseph E. May	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garden State Correctional			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 Highbridge Rd. (off RT 130)			Square Feet 100000		
City (5) Yardville, NJ			County (6) Mercer		Bldg. Age 30+
County Code (7)			Current Use (Prior if being demolished) Correctional		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			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 Ryan Broadwater		Telephone Number 609-392-4200	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 12/30/11		Scheduled Completion Date (11) 12/31/11		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5 PM to 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GYM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation fittings	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

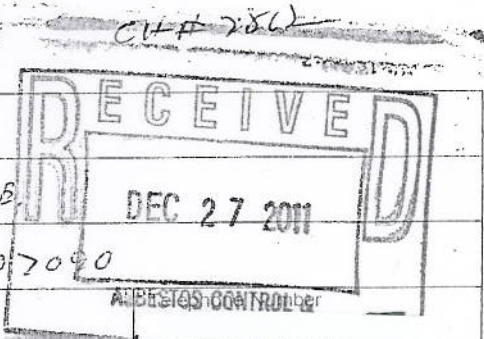
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill A&L Salvage	
City, State New Castle, DE		Disposal Date 1/2/12	City, State Lisbon, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature 		Date 12/20/11

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

CL # 2196

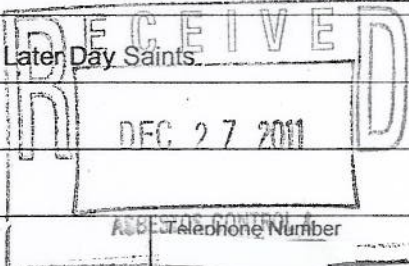
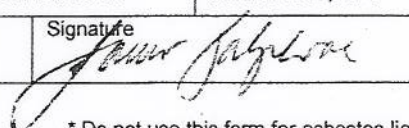
Date of Notification (1) December 20, 2011		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 243 East State Street City, State & Zip Code Trenton NJ Name of Contact Anthony Porta							
		Telephone Number <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> RECEIVED DEC 27 2011 </div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Central Office		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 243 East State Street		Square Feet 20000							
City (5) Trenton	County (6) Mercer	County Code (7)	# of Floors 3						
		Bldg. Age							
		Current Use (Prior if being demolished) Verizon communication center							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.							
Street Address 1253 North Church Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
City, State & Zip Code Moorestown NJ		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm MIKE STOCKU		City, State & Zip Code BRISTOL, PA 19007							
Telephone Number 856-840-8800		Telephone Number 215-788-6040	License Number 00509						
Scheduled Start Date (10) 1/3/12	Scheduled Completion Date (11) 1/4/12	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 4:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
3rd Floor MER Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA		Disposal Date TBD	City, State MORRISVILLE, PA						
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro/jl</i>				Date 12/30/11		

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



Date of Notification (1) 12/21/11		Name of Building Owner/Operator (2) MR CUERVO							
Agencies Notified	Type Notification	Street Address 538 RAILWAY AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WESTFIELD NJ 07090							
		Name of Contact MR CUERVO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR CUERVO		Type of Facility (4)							
Street Address 538 RAILWAY 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) WESTFIELD		Square Feet 1550	# of Floors 2						
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 57						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 1/2/12	Scheduled Completion Date (11) 1/4/12	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<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 Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or 23 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASIN			X	PIPE	45 LF	X			
BASIN			X	TILE	365 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457			Disposal Date 1/2/12	City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald	Date 12/21/11					

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

Date of Notification (1) 12/21/2011		Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter Day Saints			
Agencies Notified		Street Address 1765 South 4260 West			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		City, State, Zip Code Salt Lake City UT 84104		Name of Contact Frank Fernandez	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 20 Meade Avenue				Square Feet 2000	
City (5) Passaic				# of Floors 3	
County (6) Passaic				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Not in use			
Name of Monitoring Firm Hired by Building Owner (8) RKO Environmental Analysis, Inc		ASCM No. 0090		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.	
Street Address 401 St. James Avenue		Street Address 265 A Route 46 Suite 3D			
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908 454 6316		License No. 0666	
Start Date (10) 01/03/2012		Scheduled Completion Date (11) 01/09/2012		Name of OSHA Monitor Bako Construction & 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 <input type="checkbox"/> Other - Describe: _____				Street Address 265 A Route 46 Suite 3D	
				City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Throughout Interior		x		VAT	
Exterior		x		Transite Shingles	
Basement		x		Pipe insulation	
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 15	
City, State Totowa, NJ		Disposal Date 01/10/2012		Name of Registered Landfill G.R.O.W.S	
City, State Morrisville, PA		Signature 		Date 12/21/2011	
Completed by Damir Valjevac		Title Project Manager			

Date of Notification (1) 12/12/10		Name of Building Owner/Operator (2) JEFF KRESKY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 326 STILLWELL PLACE	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RIDGEWOOD, NJ	
		Name of Contact JEFF KRESKY	

APPROVED
Dept. of Health & Senior Services
Paul C. Turner
(signature)
Date: 12/20/11 Time: 1:51 PM
RECEIVED
ASBESTOS LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JEFF KRESKY			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 326 STILLWELL PLACE			Square Feet		
City (5) RIDGEWOOD			# of Floors		Bldg. Age
County (6) BERGEN			Current Use (Prior if being demolished)		
County Code (7) (State use only)					
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 12/21/11			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 12/29/11			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	65 L FT	<input checked="" type="checkbox"/>			

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 YD.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/21/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/20/11

Date of Notification (1) 11/21/11		Name of Building Owner/Operator (2) JEFF KRESKY	
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 326 STILLWELL PLACE		City, State, Zip Code RIDGEWOOD, NJ	
Name of Contact JEFF KRESKY		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JEFF KRESKY			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 326 STILLWELL PLACE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 12/21/11		Sched. Completion Date (11) 12/29/11	Name of OSHA Monitor D & S Restoration, 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: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	65 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/21/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/20/11

State of NJ
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:26 and 12:120)

D&S Proj. #: MS 11-505

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 12/1/11		Name of Building Owner/Operator (2) VIRGINIA GRANADIS		10 DAY	
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 165 DEWITT AVENUE City, State, Zip Code BELLEVILLE, NJ 07109 Name of Contact VIRGINIA GRANADIS	
				DEC 27 2011 DEC 9 2011 ASBESTOS CONTAINMENT WAIVER APPROVED LICENSING	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) VIRGINIA GRANADIS Street Address 165 DEWITT AVENUE City (5) BELLEVILLE County (6) ESSEX County Code (7) (State use only)			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 Bldg./Homes, etc) Square Foot # of Floors Bldg. Age Current Use (Prior if being demolished)		
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Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 12/19/11 Sched. Completion Date (11) 12/29/11 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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Scope of Work (check all that apply)

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

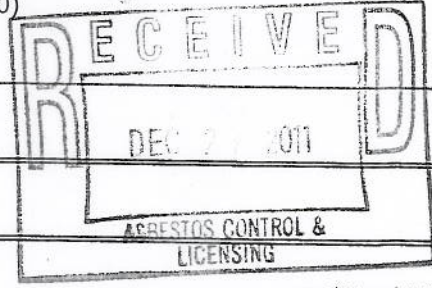
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R o m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	29 L FT	X			
BASEMENT BOILER		X		BOILER INSULATION	44 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA	
City, State PATERSON, NJ 07503		Disposal Date 12/20/11		Date 12/19/11	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	

ASB-41

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



Date of Notification (1) 12/19/11		Name of Building Owner/Operator (2) VIRGINIA GRANADIS	
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 165 DEWITT AVENUE		City, State, Zip Code BELLEVILLE, NJ 07109	
Name of Contact VIRGINIA GRANADIS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) VIRGINIA GANADIS			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 165 DEWITT AVENUE			Square Feet		
City (5) BELLEVILLE			County (6) ESSEX		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 12/19/11		Sched. Completion Date (11) 12/29/11		License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

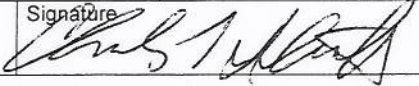
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked=""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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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	29 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	44 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 12/20/11		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 12/19/11	

Check # 20632

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

Date of Notification (1) 12 / 20 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED DEC 27 2011 <small>ASBESTOS CONTROL & REMEDIATION</small> </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	581 Main Street Woodbridge, NJ 08863							
		City, State, Zip Code Woodbridge, NJ 08863 Name of Contact Lea Voltura							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Land along the NJ Turnpike				Type of Facility (4)					
Street Address 4146 Crosswicks Hamilton Square Road				<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) Hamilton				Square Feet 20,000	# of Floors 0				
County (6) Mercer		County Code (7)(STATE USE ONLY)		Bldg. Age 0					
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 20-21 Wagaraw Road, Bldg. 34A			Street Address 500 East Luzerne Street						
City, State, Zip Code Fairlawn, NJ 07410			City, State, Zip Code Philadelphia, PA 19124						
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9144	Telephone No. 215-739-8166	License No. 00646					
Start Date (10) 12 / 22 / 11		Scheduled Completion Date (11) 12 / 30 / 11		Name of OSHA Monitor SAME AS ABOVE					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / ____ PM - ____ AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Vacant Land Clean-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	piles of floor tile debris	unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacant Land Clean-up	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	piles of transite debris	unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3 c.y.	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ 07728			Disposal Date 01/15/11	City, State Tullytown, PA					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager	Signature 			Date 12/20/11			

State of New Jersey
REMEMBER - MAIL IN HARD COPY
NOTIFICATION OF ASBESTOS ABATEMENT
(Mandatory to NJAC 8:60 and 5:16)

Check # 2063-2

DOL - 10 DAY

Date of Notification (1) 12 / 20 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street City, State, Zip Code Woodbridge, NJ 08863 Name of Contact Lea Voltura	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Land along the NJ Turnpike		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 4146 Crosswicks Hamilton Square Road		Square Feet 20,000	
City (5) Hamilton		# of Floors 0	Bldg. Age 0
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		Name of Abatement Contractor (9) Diamond Hunthach Construction Corporation	
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124	
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-638-9144	License No. 00846
Start Date (10) 12 / 22 / 11	Scheduled Completion Date (11) 12 / 30 / 11	Name of OSHA Monitor SAME AS ABOVE	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM PM- AM		Street Address City, State, Zip Code	

Scope of Work (Check all that apply)

- ☐ ≥3 sf or ≥3 lf
☒ ≥180 sf or ≥250 lf
- ☐ Renovation
☐ Demolition
- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 3 c.y.	Name of Registered Landfill GROWS North Landfill	
City, State Freehold, NJ 07728		Disposal Date 01/16/11	City, State Tullytown, PA		
Completed By (Print or Type) Charles Imbimbo	Title Project Manager	Signature 	Date 12/20/11		

Print Form

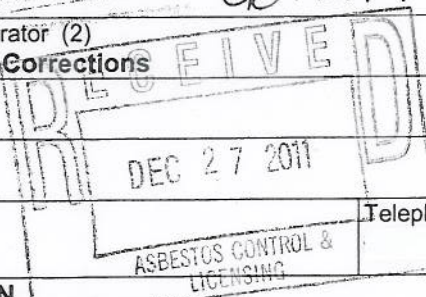
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/21/11 Ck: 1701 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified	Type Notification	Street Address 1000 River Road							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Tom Pruno							
<div style="text-align: right;"> APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 12/21/11 Time: 8:20 AM DEC 27 2011 ASBESTOS CONTAINMENT LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Metro University Court Unit 8		Type of Facility (4)							
Street Address 1000 River Road		<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) Teaneck, New Jersey 07666		Square Feet 20,000	# of Floors 2						
County (6) Bergen		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462	Telephone No. 693-225-8400						
License No. 01104									
Start Date (10) 12/28/11	Scheduled Completion Date (11) 12/30/11	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM Start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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	X			Clean up Asbestos Dust & Debris	1,000 SF				
Boiler Room	X			Wrap & Cure Pipe Insulation	35 LF		X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 01/02/12		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 12/21/11			

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

CR #2197

Date of Notification (1) 12/20/11		Name of Building Owner / Operator (2) State of NJ Department of Corrections	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 1366 <input checked="" type="checkbox"/> DOH 1359 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 11401 City, State & Zip Code Yardville, NJ 08620 Name of Contact Joseph E. May Telephone Number	

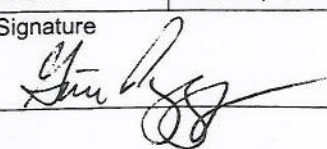


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Garden State Correctional		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Highbridge Rd. (off RT 130)		Square Feet 100000	# of Floors 1
City (5) Yardville, NJ	County (6) Mercer	Bldg. Age 30+	
County Code (7)		Current Use (Prior if being demolished) Correctional	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	
Street Address 120 N. Warren St		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
City, State & Zip Code Trenton, NJ 08608		Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	License Number 00509
Scheduled Start Date (10) 12/30/11	Scheduled Completion Date (11) 12/31/11	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 PM to 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GYM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation fittings	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill A&L Salvage
City, State New Castle, DE	Disposal Date 1/2/12	City, State Lisbon, Ohio	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature 	Date 12/20/11

GI 11352

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

Check # 7879

Date of Notification (1) <u>12/21/2011</u>		Name of Building Owner/Operator (2) <u>ROTCERS - THE STATE UNIVERSITY OF NEW JERSEY</u>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>27 ROAD 1, BORDENTOWN</u> City, State, Zip Code <u>PISCATAWAY, NJ 08854</u> Name of Contact <u>MIKE SMITH</u> Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>THOMPSON HALL</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>96 LIPMAN DR</u>		Square Feet <u>35,000</u>				
City (5) <u>NEW BRUNSWICK</u>		# of Floors <u>3</u>				
County (6) <u>MIDDLESEX</u>		Bldg. Age <u>45 YRS</u>				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>CLASSROOMS / OFFICES</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>ATC ASSOCIATES INC</u>		ASCM No. _____				
Street Address <u>THREE TERRI LANE</u>		Name of Abatement Contractor (9) <u>PLYMOUTH ENVIRONMENTAL CO INC</u>				
City, State, Zip Code <u>BURLINGTON, NJ 08106</u>		Street Address <u>923 HAWS AVE</u>				
Project Manager for Monitoring Firm <u>BRIAN KEARNEY</u>		City, State, Zip Code <u>NORRISTOWN PA 19401</u>				
Telephone No. <u>609-386-8800</u>		Telephone No. <u>610-239-9920</u>				
Start Date (10) <u>12/30/11</u>		License No. <u>00398</u>				
Scheduled Completion Date (11) <u>1/27/12</u>		Name of OSHA Monitor <u>PLYMOUTH ENVIRONMENTAL CO, INC</u>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>923 HAWS AVE</u>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>NORRISTOWN PA 19401</u>				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<u>EXTERIOR WINDOWS</u>		<u>WINDOW CAULKING</u>	<u>130 SF</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>NEWARK CARTING</u>		NJDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>GROWS, INC</u>		
City, State <u>NEWARK, NJ</u>		Disposal Date <u>1/27/12</u>		City, State <u>MORRISVILLE, PA</u>		
Completed By <u>TIMOTHY E. BRYAN</u>	Title <u>VICE PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>12/21/2011</u>			

ASB-41

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

CHECK # 7880

ASB-41


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

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

Check # 8079

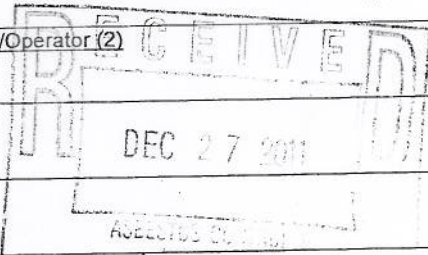
Date of Notification (1) 12-22-11		Name of Building Owner/Operator (2) Said Bourya							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 East Wood Drive City, State, Zip Code East Windsor NJ 08520 Name of Contact Said Bourya Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Shore 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 11 Cindy		Square Feet	# of Floors 2						
City (5) Beach Haven West		Bldg. Age 60+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Shore House							
Name of Monitoring Firm Hired by Building Owner (8) EPC TECHNOLOGIES, INC		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) 1-3-12	Scheduled Completion Date (11) 1-3-12	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Extension			X	Siding Shingles	1280 SF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ 08533			Disposal Date 1-4-12	City, State MORRISVILLE, PA					
Completed by STEVE SCHENKER		Title PRESIDENT	Signature Steve Schenker	Date 12-22-11					

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

Date of Notification (1) 12/22/11		Name of Building Owner/Operator (2) Deptford Investors LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 27 2011 ASBESTOS CONTROL & </div>					
Agencies Notified	Type Notification	Street Address 14 Balligomingo 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 Conshohocken, PA 19428							
		Name of Contact Sally							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Taco Bell Restaurant				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 881 Hurffville Road				Square Feet 1000 +	# of Floors 1				
City (5) Deptford, NJ 08096				Bldg. Age 35+					
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Restaurant					
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.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 1/3/11		Scheduled Completion Date (11) 1/6/11		Name of OSHA Monitor Pernaco Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address PO Box 329					
				City, State, Zip Code West Berlin NJ 08091					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Roof Back part of Building			x	Flat Roof	800 SF				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 1/6/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/22/11		

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

No check



Date of Notification (1) 11/09/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 935 Mearns Road	
		City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 1298 NW Blvd.		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1298 Northwest Blvd.		Sq. Feet 27000 # of Floors 1	
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC Environmental Corp.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street		Street Address 404 N. Berry Street	
City, State, Zip Code Millburn, NJ 07041		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 02/17/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Vacant Bldg. To Be Demolished Storage		City, State, Zip Code Westmont, NJ 08108	
Other - Describe			
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Machine Shop		Fire proofing	3400 SF
Throughout		Window/Door Caulk	2020 LF
Office		VAT/Mastic	2600 SF
Corridor		VAT/Mastic	900 SF
Men's Room		Linoleum	200 SF
Furnaces (3)		Furnace Insulation	450 SF
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 90
City, State New Castle, DE		Disp. Date 2/17/12	Name of Reg. Landfill G.R.O.W.S. Landfill
Completed by (Print or Type) Mark Griffin		Title Project Manager	Signature <i>Mark Griffin</i>
		Date 12/22/11	

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

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Firproofing, window and door caulking, VAT and Mastic, Linoleum, and Furnace insulation. Regulated work area, hepa filtration equipment, wet material, and double bag.

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

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle

County: Newcastle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville

County: Bucks

State: PA

Zip: 19067

Contact: Jarod Freese

Telephone: 215-428-4391

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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

Mark Griffin

(Signature of Owner/Operator)

(Date) 12/22/11

XVIII. I Certify that the Above Information is Correct

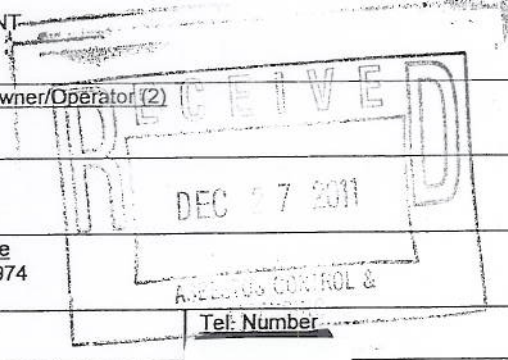
Mark Griffin

(Signature of Owner/Operator)

(Date) 12/22/11

No
check

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



<u>Date of Notification (1)</u> 11/09/11		<u>Name of Building Owner/Operator (2)</u> SP Industries	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 935 Mearns Road	
		<u>City, State, Zip Code</u> Warminster, PA 18974	
		<u>Name of Contact</u> Lee Royal	<u>Tel. Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Building C		<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> 506 Peach Street		Sq. Feet 3600 # of Floors 1	
<u>City (5)</u> Vineland	<u>County (6)</u> Cumberland	<u>County Code (7)</u> (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) Manufacturing/Office
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> TRC Environmental Corp.		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 57 E. Willow Street		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Millburn, NJ 07041		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> Steve Tappert	<u>Telephone Number</u> 973-564-6006	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 11/08/2011	<u>Scheduled Completion Date (11)</u> 2/17/2012	<u>Name of OSHA Monitor</u> EMSL Analytical	
<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> 107 Haddon Ave	
<u>Describe Vacant Bldg. To Be Demolished</u> Storage Building		<u>City, State, Zip Code</u> Westmont, NJ 08108	
<u>Other - Describe</u>			
<u>Source of Work (Check all that apply)</u> (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
1 st Floor Storage	X	Floor Mastic	260 SF
<u>Name of Reg. Waste Hauler</u> Service Transport Group, Inc.	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 1	<u>Name of Reg. Landfill</u> G.R.O.W.S. Landfill
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 02/17/12	<u>City, State</u> Morrisville, PA	
<u>Completed by (Print or Type)</u> Mark Griffin	<u>Title</u> Project Manager	<u>Signature</u> <i>Mark Griffin</i>	<u>Date</u> 12/22/11

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

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

DEC 27 2011

ASBESTOS CONTROL & REMEDIATION

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

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle

County: Newcastle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville

County: Bucks

State: PA

Zip: 19067

Contact: Jarod Freese

Telephone: 215-428-4391

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

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

Mark Griffin

(Signature of Owner/Operator)

(Date) 12/22/11

XVIII. I Certify that the Above Information is Correct

Mark Griffin

(Signature of Owner/Operator)

(Date) 12/22/11

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

Date of Notification (1) 11/09/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 935 Mearns Road	
		City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building B		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 506 Peach Street		Sq. Feet 4000 # of Floors 1	
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC Environmental Corp.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street		Street Address 404 N. Berry Street	
City, State, Zip Code Millburn, NJ 07041		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 2/17/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Vacant Bldg. To Be Demolished Storage Building		City, State, Zip Code Westmont, NJ 08108	
Other - Describe			
Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () M Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Windows/ Doors		Caulk	420 LF
Roof		Roofing	4440 SF
1 st Floor Storage		Floor Mastic	250 SF
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 30
City, State New Castle, DE		Disp. Date 02/17/12	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State Morrisville, PA		Date 12/22/11	
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature <i>Mark Griffin</i>	Date 12/22/11

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

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of caulking, mastic, and roofing. Regulated work area, hepa filtration equipment, wet material, and double bag.

DEC 27 2011

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

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle

County: Newcastle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville

County: Bucks

State: PA

Zip: 19067

Contact: Jarod Freese

Telephone: 215-428-4391

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

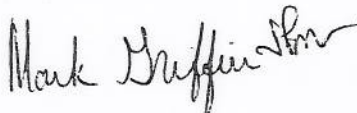
XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours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



(Signature of Owner/Operator)

(Date) 12/22/11

XVIII. I Certify that the Above Information is Correct

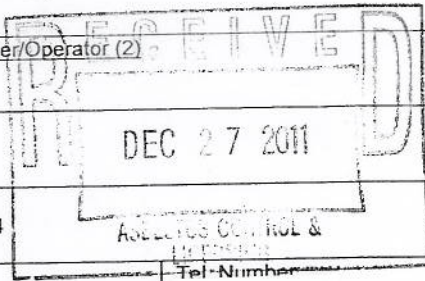


(Signature of Owner/Operator)

(Date) 12/22/11

No
check

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



Date of Notification (1) 12/22/11		Name of Building Owner/Operator (2) SP Industries	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 935 Mearns Road	
		City, State, Zip Code Warminster, PA 18974	
		Name of Contact Lee Royal	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building A		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 506 Peach Street		Sq. Feet 8200 # of Floors 2	
City (5) Vineland	County (6) Cumberland	County Code (7) (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) Manufacturing/Office
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC Environmental Corp.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP
Street Address 57 E. Willow Street		Street Address 404 N. Berry Street	
City, State, Zip Code Millburn, NJ 07041		City, State, Zip Code Brea, CA 92821	
Project Manager for Monitoring Firm Steve Tappert	Telephone Number 973-564-6006	Telephone Number 484-480-8931	License Number 01066
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 2/17/2012	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 107 Haddon Ave	
Describe Vacant Bldg. To Be Demolished Manufacturing/Storage with Office Space		City, State, Zip Code Westmont, NJ 08108	
Other - Describe			
Source of Work (Check all that apply)			
(X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Windows/ Doors	X	Caulk	735 LF
Roof	X	Roofing	8800 SF
1 st Floor Storage	X	Transite	6550 SF
Basement	X	Pipe Insulation	250 LF
Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 90	Name of Reg. Landfill G.R.O.W.S. Landfill
City, State New Castle, DE	Disp. Date 2/17/2012	City, State Morrisville, PA	
Completed by (Print or Type) Mark Griffin	Title Project Manager	Signature <i>Mark Griffin</i>	Date 12/22/2011

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

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT, mastic, pipe insulation, caulking, transite, and roofing. Regulated work area, hepa filtration equipment, wet material, and double bag.

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

XII. Waste Transporter#1 Service Transport Group

Address: 58 Pyles Lane

City: Newcastle

County: Newcastle

State: DE

Zip: 19720

Contact: Randy Bridges

Telephone: 302-778-5930

Waste Transporter#2 Same as #1

Address

City

County

State

Zip

Contact

Telephone

XIII. Waste Disposal Site G.R.O.W.S. Landfill

EPA Certification Number: PAD 00 042 9589

Address: 1000 New Mill Ford Road

City: Morrisville

County: Bucks

State: PA

Zip: 19067

Contact: Jarod Freese

Telephone: 215-428-4391

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

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

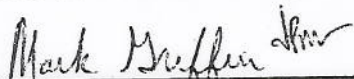
(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

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

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

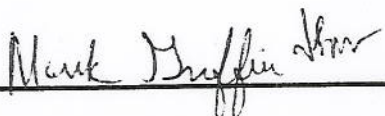
XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours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



(Signature of Owner/Operator)

(Date) 12/22/11

XVIII. I Certify that the Above Information is Correct



(Signature of Owner/Operator)

(Date) 12/22/11

RECEIVED
DEC 27 2011

ASB-41 (R-06-08)

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


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

Date of Notification (1) 12/21/11 Ck#:1699		\$200		Name of Building Owner/Operator (2) Tinton Falls Board of Education					
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 658 Tinton Avenue City, State, Zip Code Tinton Falls, New Jersey 07724 Name of Contact Tamar Sydney Hicks Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mahala F. Atchinson School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 961 Sycamore Avenue				Square Feet 20,000					
City (5) Tinton Falls, New Jersey 07724				# of Floors 2					
County (6) Monmouth				Bldg. Age 50					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.			ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation				
Street Address PO Box 385			Street Address 606 McBride Avenue						
City, State, Zip Code Oceanville, New Jersey 08231			City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm John Smoyer			Telephone No. 609-577-8801		Telephone No. 973-225-8400 License No. 01104				
Start Date (10) 01/13/12		Scheduled Completion Date (11) 01/15/12		Name of OSHA Monitor J&S Environmental Labs					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4pm-12am start				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure /tent <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
Boys Rest Room		X		Pipe Fitting Insulation	70 LF	X			
Girls Rest Room		X		Pipe Fitting Insulation	55 LF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424					Disposal Date 01/16/12	City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President			Signature <i>Tatiana Kalenikova</i>		Date 12/21/11		

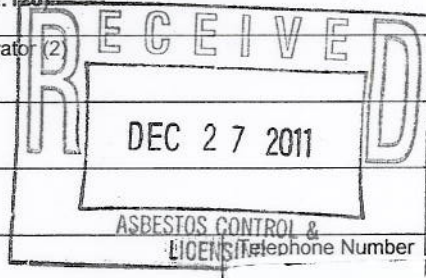
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/21/11 Ck#:1700		\$200	Name of Building Owner/Operator (2) Tinton Falls Board of Education						
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> Street Address 658 Tinton Avenue City, State, Zip Code Tinton Falls, New Jersey 07724 Name of Contact Tamar Sydney Hicks Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Swimming River School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 220 Hance Avenue			Square Feet 20,000	# of Floors 2					
City (5) Tinton Falls, New Jersey 07724			Bldg. Age 50						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-577-8801	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 01/13/12		Scheduled Completion Date (11) 01/15/12		Name of OSHA Monitor J&S Environmental Labs					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4pm-12am start			Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / tent <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
Boys Rest Room		X		Pipe Fitting Insulation	80 LF	X			
Girls Rest Room		X		Pipe Fitting Insulation	105 LF	X			
Women's Faculty Rest Room		X		Pipe Fitting Insulation	30 LF	X			
Men's Faculty Rest Room		X		Pipe Fitting Insulation	30 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 01/16/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 12/21/11		

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

Date of Notification (1) 12/21/11		Name of Building Owner/Operator (2) Carol & Jeff Berns		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 27 2011 ASBESTOS LICENSING </div>					
Agencies Notified	Type Notification	Street Address 7 Doering Way							
<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 Cranford NJ 07016							
		Name of Contact Carol & Jeff Berns							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house				Type of Facility (4)					
Street Address 7 Doering Way				<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) Cranford		Square Feet 2000		# of Floors 2	Bldg. Age 50				
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-583-8500	License No. 703				
Start Date (10) 1/3/12		Scheduled Completion Date (11) 1/9/12		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	90 LF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed by Andrew Scott Higgins		Title President		Signature 		Date 12/21/11			

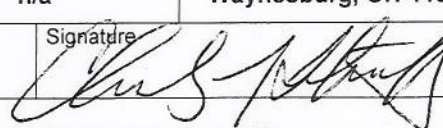
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/22/2011		Name of Building Owner/Operator (2) Michele Sinkez							
Agencies Notified	Type Notification	Street Address 118 Polk Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07105							
		Name of Contact Michele Sinkez							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A - Private 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 118 Polk Street		Square Feet 1,800	# of Floors 2						
City (5) Newark		Bldg. Age 60 Years							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Wagaraw Road, Building #34A		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Willie Morales		Telephone No. 973-636-9145	License No. 01036						
Start Date (10) 1/2/2012	Scheduled Completion Date (11) 1/9/2012	Name of OSHA Monitor Incinia Contracting, 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 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	90 LF	X			
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 3	Name of Registered Landfill IESI PA Bethlehem Landfill Corporation					
City, State Wayne, New Jersey		Disposal Date TBD		City, State Bethlehem, Pennsylvania					
Completed by Sean Zoric		Title President		Signature <i>Sean Zoric</i>			Date 12/22/2011		

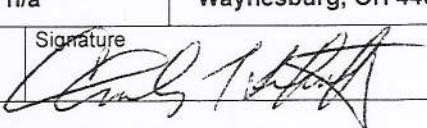
Check #20631

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

Date of Notification (1) <div style="text-align: center;">12 / 20 / 11</div>		Name of Building Owner/Operator (2) City of Atlantic City/Department of Licensing & Inspections							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 Bacharach Boulevard, City Hall, Suite 806							
		City, State, Zip Code Atlantic City, NJ							
		Name of Contact Anthony R. Cox							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 137 Bay Street		Square Feet 2000							
City (5) Atlantic City		# of Floors 2	Bldg. Age 50+						
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 318 12th Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	Telephone No. 215-739-8166						
Start Date (10) 12 / 27 / 11		Scheduled Completion Date (11) 12 / 30 / 12	License No. 00646						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ _____ PM- _____ AM		Name of OSHA Monitor SAME AS ABOVE							
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"/> 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
Kitchen 1 st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum/multi layers	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom 2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum/multi layers	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste n/a	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date n/a		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 12/20/11			

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

Check # 20631

Date of Notification (1) <div style="text-align: center;">12 / 20 / 11</div>		Name of Building Owner/Operator (2) City of Atlantic City/Department of Licensing & Inspections							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 Bacharach Boulevard, City Hall, Suite 806							
		City, State, Zip Code Atlantic City, NJ							
		Name of Contact Anthony R. Cox							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 135 Bay Street									
City (5) Atlantic City		Square Feet 2000	# of Floors 2						
		Bldg. Age 50+							
County (6) Atlantic		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.							
		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 318 12th Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 00646						
Start Date (10) 12 / 27 / 11		Scheduled Completion Date (11) 12 / 30 / 12							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/____PM-____AM		Name of OSHA Monitor SAME AS ABOVE							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen Floor/1 st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum/multi layers	140 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"/>
Bathroom/2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum/multi layers	30 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 Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste n/a	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124		Disposal Date n/a		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 12/20/11			

REMEMBER - MAIL IN HARD COPY

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

DOL - 10 DAY

Check #20631

Date of Notification (1) 12 / 20 / 11		Name of Building Owner/Operator (2) City of Atlantic City/Department of Licensing & Inspections					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 Bacharach Boulevard, City Hall, Suite 605 City, State, Zip Code Atlantic City, NJ Name of Contact Anthony R. Cox					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter b (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 137 Bay Street		Square Feet 2000	# of Floors 2				
City (5) Atlantic City		Bldg Age 50+					
County (6) Atlantic		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. Name of Abatement Contractor (9) Diamond Hurnbach Construction Corporation					
Street Address 318 12th Street		Street Address 500 East Luzerne Street					
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Philadelphia, PA 19124					
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	Telephone No. 215-738-8168				
License No. 00646							
Start Date (10) 12 / 27 / 11		Scheduled Completion Date (11) 12 / 30 / 12					
Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM PM- AM		Street Address City, State, Zip Code					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 5 cf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 cf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclose
Kitchen 1 st floor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Linoleum/multi layers	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom 2 nd floor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Linoleum/multi layers	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Hurnbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste n/a	Name of Registered Landfill Minerva			
City, State Philadelphia, PA 19124		Disposal Date n/a	City, State Waynesburg, OH 44888				
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager	Signature 	Date 12/20/11			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:26 and 5:16

REMEMBER - MAIL IN HARD COPY

Check # 2063
DOL - 10 DAY

Date of Notification (1) 12 / 20 / 11		Name of Building Owner/Operator (2) City of Atlantic City/Department of Licensing & Inspections 2011							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1301 Bacharach Boulevard, City Hall, Suite 600 City, State, Zip Code Atlantic City, NJ Name of Contact Anthony R Cox							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc)							
Street Address 135 Bay Street		Square Feet 2000	# of Floors 2						
City (5) Atlantic City		Bldg. Age 50+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 318 12th Street		Street Address 500 East Luzerne Street							
City, State, Zip Code Hammonton, NJ		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm James Proctor		Telephone No. 609-704-8850	License No. 00648						
Start Date (10) 12 / 27 / 11	Scheduled Completion Date (11) 12 / 30 / 12	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ PM- AM		Street Address City, State Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen Floor/1 st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum/multi layers	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/2 nd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum/multi layers	30 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 Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste n/a	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date n/a		City, State Waynesburg, OH 44888					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 12/20/11			

Check # 20631

ASB-41
JUL 01

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

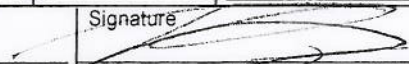
COPY - MISSING PAYMENT ON
NOTIFICATION OK# 1076

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

Date of Notification (1) 12/20/2011		Name of Building Owner/Operator (2) NJ DOT North Region Headquarter							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Stierli Ct City, State, Zip Code Mt Arlington, NJ 07856 Name of Contact C/O Carl Perello							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandon private house (Part 1 of 2)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 485 North Rd, Parcel 85		Square Feet 4000	# of Floors 2						
City (5) Little Falls		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) former private house							
Name of Monitoring Firm Hired by Building Owner (8) L. Robert Kimball & Associates		ASCM No. 00103	Name of Abatement Contractor (9) Genesis Contracting Corp						
Street Address 411 Riverview Plaza		Street Address 106 Gold St							
City, State, Zip Code Trenton, NJ 08611		City, State, Zip Code Green Brook, NJ 08812							
Project Manager for Monitoring Firm Robert Kowalczyk		Telephone No. 609-989-5260	License No. 01090						
Start Date (10) 12/30/2011	Scheduled Completion Date (11) 01/13/12	Name of OSHA Monitor Genesis Contracting Corp							
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: schedule for demolition		Street Address 106 Gold St City, State, Zip Code Green Brook, NJ 08812							
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 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						
Kitchen			X	VAT	190 SF	X			
Kitchen (behind a drywall)			X	Mastic	45 SF	X			
Kitchen, Bed, Bath & Basement			X	Transite panels	260 SF	X			
Bedroom, Closet & Hall			X	Texture Fiberboard	3670 SF	X			
Name of Registered Waste Hauler Genesis Contracting Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Green Brook, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By Victoria Burga		Title President		Signature		Date 12/20/2011			

200.00
OK# 1077

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

Date of Notification (1) <u>12/21/11</u>		Name of Building Owner/operator (2) <u>Woodmont Properties South Amboy Construction LLC</u>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	<u>1 Main St</u>							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	<u>Chatham, NJ 07928</u>							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact							
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<u>Joe Giannetti</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Vacant Warehouse</u>		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12)							
<u>60 Louisa St,</u>		<input type="checkbox"/> Subchapter 8 (Other than K-1 2)							
City (5)		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
<u>South Amboy</u>		Square Feet	# of Floors						
County (6)		<u>32,000</u>	<u>1</u>						
<u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Bldg. Age							
		<u>50 +</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Current Use (Prior If being demolished) <u>Vacant warehouse schedule for demo</u>							
ASCM No. <u>n/a</u>		Name of Abatement Contractor (9)							
Street Address		<u>Genesis-Citrine Contracting Corp</u>							
<u>N/A</u>		Street Address							
City, State, Zip Code		<u>106 Gold St</u>							
<u>N/A</u>		City, State, Zip Code							
Project Manager for Monitoring Firm		<u>Green Brook, NJ 08812</u>							
<u>N/A</u>	Telephone No.	Telephone No.	License No.						
		<u>908-809-0315</u>	<u>01090</u>						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor							
<u>01/02/2012</u>	<u>02/29/2012</u>	<u>Genesis-Citrine Contracting Corp</u>							
Occupancy Status During Abatement (Check only one)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<u>106 Gold St</u>							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
<input checked="" type="checkbox"/> Other - Describe: <u>Vacant warehouse schedule for demo</u>		<u>Green Brook, NJ 08812</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Mini-Enclosure							
<input type="checkbox"/> Renovation		<input type="checkbox"/> Glovebag Procedure							
<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior (<u>SEE ATTACHED</u>)			X	Roofing material	30,000 SF	X			
Interior			X	VAT & Mastic	900 SF	X			
Interior Duct system			X	Vibration damping cloth	8 SF	X			
Boiler room			X	Gasketing material	5 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
<u>Yannuzzi Demolition</u>		<u>n/a</u>	<u>TBD</u>	<u>G.R.O.W.S. Landfill</u>					
City, State			Disposal Date	City, State					
<u>Hillsborough, NJ</u>			<u>TBD</u>	<u>Morrisville, PA</u>					
Completed By		Title	Signature		Date				
<u>Victoria Burga</u>		<u>President</u>			<u>12/21/2011</u>				

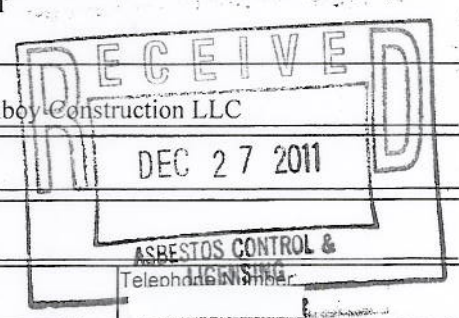
ASB-41


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

P200
CL# 1078

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

Date of Notification (1) <u>12/21/11</u>		Name of Building Owner/operator (2) <u>Woodmont Properties South Amboy Construction LLC</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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Main St</u>	
		City, State, Zip Code <u>Chatham, NJ 07928</u>	
		Name of Contact <u>Joe Giannetti</u>	



FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Vacant Warehouse</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>100 Louisa St</u>		Square Feet <u>15,000</u>	# of Floors <u>1</u>						
City (5) <u>South Amboy</u>		Bldg. Age <u>50+</u>							
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior If being demolished) <u>Vacant warehouse schedule for demo</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.							
Street Address <u>N/A</u>		Name of Abatement Contractor (9) <u>Genesis-Citrine Contracting Corp</u>							
City, State, Zip Code <u>N/A</u>		Street Address <u>106 Gold St</u>							
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No. <u>908-809-0315</u>	License No. <u>01090</u>						
Start Date (10) <u>01/02/2012</u>	Scheduled Completion Date (11) <u>02/29/2012</u>	Name of OSHA Monitor <u>Genesis-Citrine Contracting Corp</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>Vacant warehouse schedule for demo</u>		Street Address <u>106 Gold St</u>							
		City, State, Zip Code <u>Green Brook, NJ 08812</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"/> 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
Exterior <u>SEE ATTACHED</u>			X	Roofing material	15,000 SF	X			
Interior			X	VAT & Mastic	25 SF	X			
Name of Registered Waste Hauler <u>Yannuzzi Demolition</u>		NJDEP Waste Hauler ID No. <u>n/a</u>	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S. Landfill</u>					
City, State <u>Hillsborough, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Victoria Burga</u>		Title <u>President</u>	Signature 			Date <u>12/21/2011</u>			

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

B & G proj. #: 2012-02

Check # 4983

Date of Notification (1) 1/12/12		Name of Building Owner/Operator (2) Loren DaSilva		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED DEC 27 2011 ASBESTOS CONTROL & LICENSING </div>
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 211 Terrace Avenue		City, State, Zip Code Hasbrouck Heights, NJ 07604		
Name of Contact Loren DaSilva		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Loren DaSilva			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 211 Terrace Avenue			Square Feet		
City (5) Hasbrouck Heights, NJ 07604			County (6) Bergen		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			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			Telephone Number 973-696-6869		License Number 0378
Sched. Start Date (10) 1/2/2012			Sched. Completion Date (11) 1/4/2012		
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)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main & Laundry rooms			<input checked="" type="checkbox"/>	VAT	685 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
area by the steps			<input checked="" type="checkbox"/>	linoleum	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main & Laundry rooms			<input checked="" type="checkbox"/>	pipe insulation	52 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe insulation	3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe	6 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 1/4/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 12/21/2011