

1086

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

D&S Proj. #: MS 12-04



Date of Notification (1) 12/12/12		Name of Building Owner/Operator (2) JEAN FARRELL & COLIN STRASSER	
Agencies Notified	Type Notification	Street Address 351 HARTFORD ROAD	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code SO. ORANGE, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JEAN FARRELL & COLIN STRASSER	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JEAN FARRELL & COLIN STRASSER			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 351 HARTFORD ROAD			Square Feet	# of Floors	Bldg. Age
City (5) SO. ORANGE	County (6) ESSEX	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) 01/10/12	Sched. Completion Date (11) 01/20/12		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

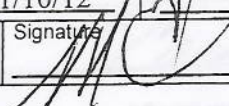
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	204 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 01/11/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 12/27/11

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

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

STEVENS ENVIRONMENTAL SERVICES INC
 Check # 24206

Date of Notification (1) <u>12/27/11</u>		Name of Building Owner/Operator (2) <u>Patty Byers</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>56 Bayard Lane</u>						
		City, State, Zip Code <u>Princeton, NJ 08540</u>						
		Name of Contact <u>Patty Byers</u>						
Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>56 Bayard Lane</u>		Square Feet	# of Floors					
City (5) <u>Princeton</u>		Bldg. Age						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>residence</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>1/9/12</u>	Scheduled Completion Date (11) <u>1/10/12</u>		Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>20 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>basement</u>			<u>duct insulation</u>	<u>20 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/10/12</u>		City, State <u>Tullytown, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>12/27/11</u>		

REMEMBER - MAIL IN HARD COPY

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

RECEIVED
Check # 1081
DEC 28 2011
DOL - 10 DAY
ASBESTOS CONTROL & LICENSED
DEC 28 2011
WAIVER APPROVED

Date of Notification (1) 12/20/2011		Name of Building Owner/Operator (2) NJ DOT North Region Headquarter						
Agencies Notified <input type="checkbox"/> EFA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation						
Street Address 200 Stierli Ct		City, State, Zip Code Mt Arlington, NJ 07856						
Name of Contact C/O Carl Perello		Telephone Number						
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-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 485 Rt 46 Parcel 93		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) 12/28/2011	Scheduled Completion Date (11) 01/13/11	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 ft <input checked="" type="checkbox"/> > 160 sf or > 260 ft		<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"/> Glovabag 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
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 12/28/2011			

ASB-41

* Do not use this form for asbestos license exempt activities.

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:29)

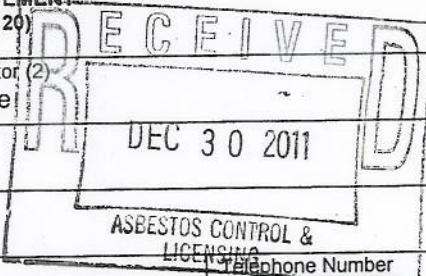
DOL - 10 DAY

Date of Notification (1) 12/27/11 Ck#: 1705		\$200		Name of Building Owner/Operator (2) Judith Tetsuya		DEC 27 2011	
Agencies Notified		Type Notification		Street Address 87 Whiteoak Drive		ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code South Orange, New Jersey 07079		DEC 27 2011 WAIVER APPROVED Telephone Number	
				Name of Contact Judith Tetsuya			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)			
Street Address 87 Whiteoak Drive				<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) South Orange, New Jersey 07079				Square Feet 10,000		# of Floors 2	
County (6) Essex				County Code (7) (STATE USE ONLY)		Bldg. Age 55+	
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.		Name of Abatement Contractor (9) Lillich Corporation	
Street Address				Street Address 606 McBride Avenue			
City, State, Zip Code				City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-225-8400	
Start Date (10) 12/30/11				Scheduled Completion Date (11) 12/31/11		License No. 01104	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor J&S Environmental Labs			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM				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 ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Yes No N/A					
Basement		X		Clean up of ACM		1,000 SF	
Name of Registered Waste Hauler Lillich Corporation		NJDEP Waste Hauler ID No 18724		Cubic Yards of Waste 2		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 12/27/11	

* Do not use this form for asbestos licensure exempted activities

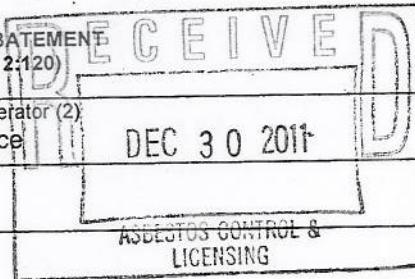
ASB-41 (R-06-08)

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



Date of Notification (1) 12/27/11		Name of Building Owner/Operator (2) Selma Medvin/ Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Marine Street							
		City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Selam							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Selma Medvin/ 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 2 Marine Street		Square Feet 1000 +	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/5/12	Scheduled Completion Date (11) 1/11/12	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
Exterior Siding			x	Exterior Siding	1500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/29/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/27/11		

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




Date of Notification (1) 12/27/11		Name of Building Owner/Operator (2) Nancee May/ Residence							
Agencies Notified	Type Notification	Street Address 532 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Riverside NJ 08075							
		Name of Contact Nancee	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Nancee May/ Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 532 Polk Street		Square Feet 1000 +	# of Floors 1						
City (5) Riverside NJ 08075		Bldg. Age 35+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/5/12	Scheduled Completion Date (11) 1/11/12	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
Exterior Siding			x	Exterior Siding	1300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/29/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/27/11		

* Emergency *

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

CK 2338

Date of Notification (1) 12/27/11		Name of Building Owner/Operator (2) Camden City Board of Ed		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 30 2011 ASBESTOS Telephone Number LIE </div>					
Agencies Notified		Type Notification				Street Address 201 N Front 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Camden, NJ 08102			
						Name of Contact Steve Nicoletia			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Davis Elementary School				Type of Facility (4)					
Street Address 3425 Cramer Street				<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.)					
City (5) Camden NJ 08105				Square Feet 1000 +	# of Floors 1+				
County (6) Camden		County Code (7) (STATE USE ONLY)		Bldg. Age 35+					
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) 12/28/11		Scheduled Completion Date (11) 12/29/11		Name of OSHA Monitor Pernaco Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 329					
<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 West Berlin NJ 08091					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Music Room Bathroom		X		Pipe Insulation	8 LF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 12/29/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/27/11		

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) December 27, 2011		Name of Building Owner/Operator (2) Zarrilli Homes	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 186 Mantoloking Road City, State, Zip Code Brick, New Jersey 08723	
		Name of Contact Anthony Zarrilli	Telephone Number ASBESTOS LIC.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 915 16 th Avenue			Square feet 600 sf		
City Belmar	County (6) Monmouth	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/28/11/11		Scheduled Completion Date (11) 12/29/11		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	700sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 12/30/11		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 12/27/2011		

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

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

B & G proj. #: 2012-04

Check # 4990

Date of Notification (1) <u>1/12/12</u>		Name of Building Owner/Operator (2) <u>John Mosca</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>611 Campgaw Road</u>		City, State, Zip Code <u>Mahwah, NJ 07430</u>	
Name of Contact <u>John Mosca</u>		Telephone Number <u></u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>John Mosca</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>611 Campgaw Road</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Mahwah, NJ 07430</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u></u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u></u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		
Scheduled Start Date (10) <u>1/6/2012</u>		Sched. Completion Date (11) <u>1/6/2012</u>	License Number <u>0378</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		
			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			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	130 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>1/9/12</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>12/27/2011</u>

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

B & G proj. #: 2012-05

Check # 4988

Date of Notification (1) <u>12/17/11</u>		Name of Building Owner/Operator (2) <u>Eric Couillard</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>138 Maple Street</u>	
		City, State, Zip Code <u>Rutherford, NJ 07070</u>	
		Name of Contact <u>Eric Couillard</u>	
		Telephone Number <u>ASBESTOS CONSULTING LICENSING</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Eric Couillard</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>138 Maple Street</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Rutherford, NJ 07070</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>1/6/2012</u>		Sched. Completion Date (11) <u>1/6/2012</u>	Name of OSHA Monitor <u>B & G Restoration, 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- Describe: <input type="checkbox"/> Other-Describe:			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

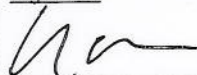
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			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 boiler room			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
behind the wall			<input checked="" type="checkbox"/>	pipe insulation	56 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room			<input checked="" type="checkbox"/>	pipe insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	VAT	3 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>1/9/12</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>12/27/2011</u>

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

<u>Date of Notification (1)</u> 12/23/2011			<u>Name of Building Owner/Operator (2)</u> Total maintenance management		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> 2000 Rt 38, suite 514	
				<u>City, State, Zip Code</u> Cherry Hill NJ	
		<u>Name of Contact</u> Mark Lopes		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Pad 3 Cherry Hill Mall			<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> 2000 Rt 38			<u>Sq. Feet</u> 600,000 <u># of Floors</u> 3		
<u>City (5)</u> CHERRY HILL	<u>County (6)</u> CAMDEN	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RETAIL		
<u>Name of Monitoring Firm</u> VERTEX INC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems		
<u>Street Address</u> 1102 BALTIMORE PIKE		<u>Street Address</u> 550 East Union Street			
<u>City, State, Zip Code</u> GLENN MILLS PA 19342		<u>City, State, Zip Code</u> West Chester, PA 19382			
<u>Project Manager for Monitoring Firm</u> DON HEIM		<u>Telephone Number</u> 6105588902	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508	
<u>Scheduled Start Date (10)</u> 1/9/2012		<u>Scheduled Completion Date (11)</u> 1/10/2012		<u>Name of OSHA Monitor</u> VERTEX, INC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			<u>Street Address</u> 1102 BALTIMORE PIKE		
			<u>City, State, Zip Code</u> GLENN MILLS PA 19342		
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
PAD 3	X	MASTIC	1,350SF	X	
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 2	<u>Name of Reg. Landfill</u> BFI Imperial	
<u>City, State</u> Hazleton, PA		<u>Disp. Date</u> TBD		<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 		<u>Date</u> 12/23/2011	

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

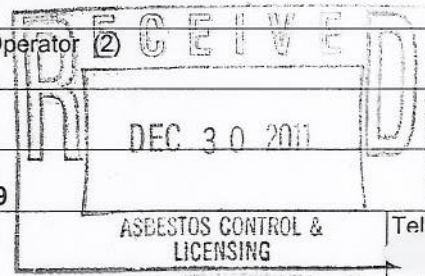
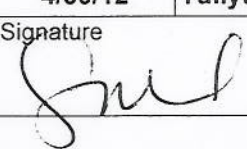
Telephone 609-984-6620

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9/18/00

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

1111-4421

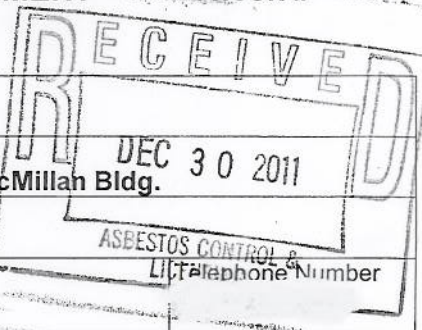
No check

Date of Notification (1) 12/21/11		Name of Building Owner / Operator (2) Seton Hall University							
Agenies Notified	Type Notification	Street Address 400 South Orange Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code South Orange, NJ 07079							
		Name of Contact Michael Marconi							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Seton Hall University- Fahy Lecture Hall B7			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 400 South Orange Ave.			Square Feet # of Floors Bldg. Age 10,000 2 90						
City (5) South Orange	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) University						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc. 00529						
Street Address 280 Huyler Street		Street Address PO Box 25							
City, State & Zip Code South Hackensack, NJ 07606		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8700	Telephone Number 609-265-3207		License Number 00529				
Scheduled Start Date (10) 12/27/11	Scheduled Completion Date (11) 4/30/12		Name of OSHA Monitor EMSL Analytical						
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 Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	900 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 4/30/12	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 12/21/11				

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

1111-4414 SUB8

Check #



Date of Notification (1) 12/21/11		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified	Type Notification	Street Address Trustees of Princeton University E.A. MacMillan Bldg.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Princeton, NJ 08544	
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	Name of Contact Robert Ortego, P.E.	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Jadwin Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Washington Road			Square Feet		
Princeton University Main Campus			# of Floors		
City (5) Princeton	County (6) Mercer	County Code (7)	Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.			Current Use (Prior if being demolished) University		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12			Name of Abatement Contractor (9) AbateTech, Inc.		
City, State & Zip Code Burlington, NJ 08016			Street Address PO Box 25		
Project Manager for Monitoring Firm Mike Keehn			City, State & Zip Code Lumberton, NJ 08048		
Telephone Number 609-386-8800			Telephone Number 609-265-2107		
Scheduled Start Date (10) 11/28/11			License Number 00529		
Scheduled Completion Date (11) 1/2/12			Name of OSHA Monitor EMSL Analytical		
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 Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

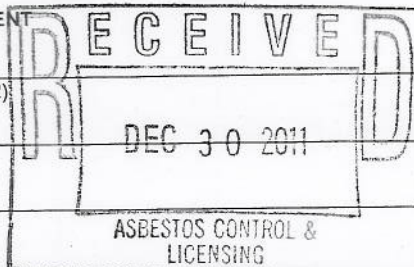
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Lobby				Ceiling Plaster	395 SF				
Work Area #1		<input checked="" type="checkbox"/>		Ceiling Plaster	2,100 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 2)		<input checked="" type="checkbox"/>		Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 2)		<input checked="" type="checkbox"/>		Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 3)		<input checked="" type="checkbox"/>		Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>			
Work Area #2 (Stair 3)		<input checked="" type="checkbox"/>		Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>			
1 st Floor Lobby			<input checked="" type="checkbox"/>	Floor tile & Mastic	395 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/2/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature <i>[Signature]</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) 12/28/11		Name of Building Owner/Operator (2) USPS- EASTERN FSO							
Agencies Notified	Type Notification	Street Address 7029 ALBERT PICK ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code GREENSBORO, NC 27409							
		Name of Contact GARDNER JONES							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LONG BRACH MAIN POST 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 131 BRIGHTON AVENUE		Square Feet 3500	# of Floors 1						
City (5) LONG BRANCH		Bldg. Age 55+							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) POST OFFICE							
Name of Monitoring Firm Hired by Building Owner (8) LOUIS BERGER GROUP		ASCM No. 00115	Name of Abatement Contractor (9) NCM DEMOLITION AND REMEDIATION LP						
Street Address 350 Eagleview Blvd, Suite 250		Street Address 395 TURNER WAY							
City, State, Zip Code Exton, PA 19341-1178		City, State, Zip Code ASTON, PA 19014							
Project Manager for Monitoring Firm TIMOTHY MITCHELL		Telephone No. 610-280-4015	Telephone No. 484-480-8931						
License No. 1066									
Start Date (10) 1/19/12	Scheduled Completion Date (11) 1/20/12	Name of OSHA Monitor NCM DEMOLITION AND REMEDIATION LP							
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 395 TURNER WAY							
		City, State, Zip Code ASTON, PA 19014							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
WORKROOM floor		X		VAT	400	X			
Name of Registered Waste Hauler SERVICE TRANSPORT, INC.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste <1	Name of Registered Landfill MINERVA LANDFIL					
City, State BRISTOL, PA 19007		Disposal Date 1/3/12		City, State WAYNESBURG, OH 44688					
Completed by RUSSELL KING		Title PROJECT MANAGER		Signature 			Date 12/28/11		

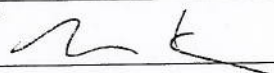
K4

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

Date of Notification (1) 12/28/11		Name of Building Owner/Operator (2) USPS- EASTERN FSO		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 30 2011 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified	Type Notification	Street Address 7029 ALBERT PICK ROAD			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code GREENSBORO, NC 27409			
		Name of Contact GARDNER JONES			

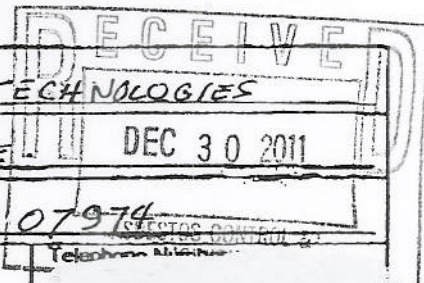
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) LONG BRACH MAIN POST OFFICE			Type of Facility (4)		
Street Address 60 3RD AVENUE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) LONG BRANCH			Square Feet 6500	# of Floors 2	Bldg. Age 55+
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) POST OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) LOUIS BERGER GROUP		ASCM No. 00115	Name of Abatement Contractor (9) NCM DEMOLITION AND REMEDIATION LP		
Street Address 350 Eagleview Blvd, Suite 250			Street Address 395 TURNER WAY		
City, State, Zip Code Exton, PA 19341-1178			City, State, Zip Code ASTON, PA 19014		
Project Manager for Monitoring Firm TIMOTHY MITCHELL		Telephone No. 610-280-4015	Telephone No. 484-480-8931	License No. 1066	
Start Date (10) 1/16/12		Scheduled Completion Date (11) 1/19/12		Name of OSHA Monitor NCM DEMOLITION AND REMEDIATION LP	
Occupancy Status During Abatement (Check Only One)			Street Address 395 TURNER WAY		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code ASTON, PA 19014		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT floor	X			VAT/MASTIC	1528	X			
2nd floor stairwell landing	X			VAT/MASTIC	25	X			

Name of Registered Waste Hauler SERVICE TRANSPORT, INC.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 2	Name of Registered Landfill MINERVA LANDFIL	
City, State BRISTOL, PA 19007		Disposal Date 1/3/12		City, State WAYNESBURG, OH 44688	
Completed by RUSELL KING		Title PROJECT MANAGER	Signature 		Date 12/28/11

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

- FOR 2012 -
OPEN FILING



Date of Notification (1) <u>12-28-11</u>		Name of Building Owner/Operator (2) <u>ALCATEL-LUCENT TECHNOLOGIES</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>600 MOUNTAIN AVE.</u> City, State, Zip Code <u>MURRAY HILL, NJ 07974</u> Name of Contact <u>LARRY FEDERICO</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>ALCATEL-LUCENT TECH. INC.</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>600 MOUNTAIN AVE.</u>		Square Feet <u>300,000</u>	# of Floors <u>5</u>						
City (5) <u>MURRAY HILL, NJ 07974</u>		Bldg. Age <u>65+</u>							
County (6) <u>UNION</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>OFFICES</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>HILLMAN ENVIRONMENTAL</u>	ASCM No.	Name of Abatement Contractor (9) <u>UNIPRO, INC.</u>							
Street Address <u>1600 ROUTE 22 EAST</u>		Street Address <u>173 KARKUS AVE.</u>							
City, State, Zip Code <u>UNION, NJ 07803</u>		City, State, Zip Code <u>WOODBIDGE, NJ 07095</u>							
Project Manager for Monitoring Firm <u>MIKE NELSON</u>	Telephone No. <u>908-688-7800</u>	Telephone No. <u>732-726-3111</u>	License No. <u>00615</u>						
Start Date (10) <u>OPEN</u>	Scheduled Completion Date (11) <u>OPEN</u>	Name of OSHA Monitor <u>HILLMAN ENVIRONMENTAL</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 type="checkbox"/> Other - Describe:		Street Address <u>1600 RT. 22 EAST</u> City, State, Zip Code <u>UNION, NJ 07803</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Name of Registered Waste Hauler <u>NEWARK CARTING INC.</u>		NUDEP Waste Hauler ID No. <u>4509</u>	Cubic Yards of Waste	Name of Registered Landfill <u>G. ROWS. INC.</u>					
City, State <u>NEWARK, NJ</u>		Disposal Date	City, State <u>MORRISVILLE, PA.</u>						
Completed By <u>DAVID T. TOLCHIN</u>	Title <u>PRES.</u>	Signature <u>David T. Tolchin</u>	Date <u>12-28-11</u>						

400-41

Do not use this form for asbestos licensure exempted activities

Operator (2)

RECEIVED

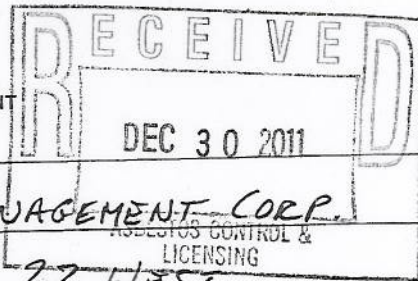
DEC 30 2011

ASBESTOS CONTROL &
LICENSING

		1/11
<u>Signature</u>		
J. Lanchy		
insure exempted activities.		

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



Date of Notification (1) 12-28-11		Name of Building Owner/Operator (2) LEVIN MANAGEMENT CORP.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 975 RT. 22 WEST		City, State, Zip Code NO. PLAINFIELD, NJ 07060	
Name of Contact TOM CARNEVALI		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) AMERICAN FURNITURE		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 1500 NO. OLDEN AVE.		Square Feet 5000	
City (5) EWING, NJ. 08618		# of Floors 1	
County (6) MERCER		Bldg. Age 30+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RETAIL SPACE	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS, INC.		ASCM No. 0045	
Street Address 64 BROAD ST.		Name of Abatement Contractor (9) UNIPRO, INC.	
City, State, Zip Code MATAWAN, NJ 07747		Street Address 173 KARKUS AVE.	
Project Manager for Monitoring Firm THOMAS P. GEIGER		City, State, Zip Code WOODBIDGE NJ. 07095	
Telephone No. 732-290-2217		Telephone No. 732-726-3111	
Start Date (10) 1-4-12		License No. 00615	
Scheduled Completion Date (11) 1-10-12		Name of OSHA Monitor ENVIRONMENTAL TACTICS, 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 64 BROAD ST.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code MATAWAN, NJ. 07747	
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) In Facility (13) TO BE ABATED		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)	
GROUND FLOOR		NON-FRIABLE MASTIC ON	
		1500 S.F.	
		CERAMIC ASBESTOS FREE	
		FLOOR TILE	
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	
Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S. INC.	
City, State NEWARK, NJ.		Disposal Date 1-11-12	
City, State MORRISVILLE, PA.		Signature David T. Tolchin	
Completed by DAVID T. TOLCHIN,		Title PREP.	
Date 12-28-11			