

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

ck 7051

RECEIVED  
2013 FEB -7 PM 2:06  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/04/13		Name of Building Owner/Operator (2) Frank Nemeth							
Agencies Notified	Type Notification	Street Address 41 Cadmus Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elmwood Park NJ 07407							
		Name of Contact Frank Nemeth							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Nemeth Residence		Type of Facility (4)							
Street Address 41 Cadmus 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) Elmwood Park NJ 07407		Square Feet 2500	# of Floors 1						
		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Bako Construction & Restoration Inc.						
Street Address		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973 256 7010	License No. 00666						
Start Date (10) 02/18/13	Scheduled Completion Date (11) 02/19/13	Name of OSHA Monitor Bako Construction & Restoration Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 265 Route 46 Suite 3D							
<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 Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior				Transite Shingles	1000 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S Inc.					
City, State Totowa NJ		Disposal Date 02/20/13		City, State Morrisville PA					
Completed by Goran Kojic		Title Project Manager		Signature <i>Goran Kojic</i>		Date 02/04/13			



Check # 8082

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

2013 FEB -7 PM

Date of Notification (1) 1/31/13		Name of Building Owner/Operator (2) CHIA CHING YU		APPROVED NJ Dept. of Health & Senior Services Paul C. Homer (signature) Date: 2/1/13 Time: 10:28 AM					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 136 NORTON ST City, State, Zip Code S. AMBOY, N.J. 08879 Name of Contact CHIA CHING YU Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) YU			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 136 NORTON ST			Square Feet 1625						
City (5) SOUTH AMBOY			# of Floors 3						
County (6) MIDDLESEX			Bldg. Age 50+						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.					
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452					
City, State, Zip Code		Telephone No. 201-282-5841		License No. 00156					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.					
Start Date (10) 2/01/13		Scheduled Completion Date (11) 3/01/13		Street Address 280 Huyler Street					
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:		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Wet 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, venting, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Entire
Basement			/	PIPE INSULATION	70 LF	/			
1ST FLOOR			/	PIPE INSULATION	15 LF	/			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill ESI PA Bethlehem Landfill Corp.			
City, State Riverton, New Jersey 07457		Disposal Date 2/01/13		City, State Bethlehem, PA 18015					
Completed by JOSEPH VORATINS		Title C.O.O.		Signature J. Voratins		Date 1/31/13			



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

B & G proj. #: 2013-28

Check # 5762

2013 FEB - 7 PM 2:08

Date of Notification (1) 02/12/10 14/11/13		Name of Building Owner/Operator (2) Alan Berner	
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 514 Ridgewood Avenue		City, State, Zip Code Glen Ridge, NJ 07028	
Name of Contact Alan Berner		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Alan Berner			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 514 Ridgewood Avenue			Square Feet # of Floors Bldg. Age		
City (5) Glen Ridge, NJ 07028			County (6) Essex		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number (973)696-6869		
Scheduled Start Date (10) 02/14/2013			License Number 00378		
Sched. Completion Date (11) 02/15/2013			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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 room, boiler room, laundry room, storage room, & bathroom			<input checked="" type="checkbox"/>	pipe insulation	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
around boiler only			<input checked="" type="checkbox"/>	VAT & mastic	75 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/15/2013	City, State Tullytown, PA	Date 02/04/2013
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	



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

B & G proj. #: 2013-13

Check # 5763

2013 FEB -7 PM 2:08

ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) <u>02/10/14</u> / <u>11/13</u>		Name of Building Owner/Operator (2) <u>Anne Puglisi</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>1722 Summit Avenue</u>	
		City, State, Zip Code <u>Westfield, NJ 07901</u>	
		Name of Contact <u>Anne Puglisi</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Anne Puglisi</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>1722 Summit Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Westfield</u>	County (6) <u>UNION</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 &amp; 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>00378</u>
Scheduled Start Date (10) <u>02/18/2013</u>		Sched. Completion Date (11) <u>02/18/2013</u>		Name of OSHA Monitor <u>B &amp; 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			<input checked="" type="checkbox"/>	pipe insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
garage			<input checked="" type="checkbox"/>	thick duct insulation	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"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>02/19/2013</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>02/04/2013</u>



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

CHECK#22681

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2013 FEB -7 PM 2:08  
LICENSING

Date of Notification (1) <b>2/4/2013</b>		Name of Building Owner/Operator (2) <b>ARK ROAD SENIOR HOUSING, LLC</b>							
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 <b>209-213 ARK ROAD</b>						
			City, State, Zip Code <b>MT. LAUREL, NJ</b>						
			Name of Contact <b>DAVID J. D'ANDREA</b>						
			Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>209 -213 ARK ROAD</b>		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)							
City (5) <b>MT. LAUREL</b>		Square Feet	# of Floors Bldg. Age						
County <b>NEW JERSEY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>						
Street Address <b>78 E. ATLANTIC WAY</b>		Street Address <b>15 BLACK FOREST ROAD</b>							
<b>LAVALLETTE, NJ 08735</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>							
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>						
Start Date (10) <b>2/6/2013</b>	Scheduled Completion Date (11) <b>2/7/2013</b>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" 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 type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>EXTERIOR</b>		<input checked="" type="checkbox"/>		<b>TRANSITE SIDING</b>	<b>1600 SQ. FT.</b>	<input checked="" type="checkbox"/>			
<b>THROUGHOUT HOME</b>		<input checked="" type="checkbox"/>		<b>NFVAT</b>	<b>120 SQ. FT.</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>TIMSTER TRUCKING</b>		NJDEP Waste Hauler ID No. <b>21079</b>	Cubic Yards of Waste <b>8 YD</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>WEST CREEK, NJ</b>		Disposal Date <b>2/8/2013</b>		City, State <b>MORRISVILLE, PA</b>					
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David J. D'Andrea</i>				Date <b>2/4/2013</b>			

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 5:16)

RECEIVED

2013 FEB -7 PM 2:08

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>2</u> / <u>6</u> / <u>13</u>		Name of Building Owner/Operator (2) <b>JC Penney Company Incorporated</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>6501 Legacy Drive</b> City, State, Zip Code <b>Plano, Texas 75024</b>							
		Name of Contact <b>Soy Thomas</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JC Penney Quaker Bridge Mall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>500 Quaker Bridge Mall</b>		Square Feet <b>150,000</b>	# of Floors <b>2</b>						
City (5) <b>Trenton</b>		Bldg. Age <b>75</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tom Rubino</b>		Telephone No. <b>908-956-1233</b>	License No. <b>00774</b>						
Start Date (10) <u>2</u> / <u>19</u> / <u>13</u>	Scheduled Completion Date (11) <u>3</u> / <u>19</u> / <u>13</u>	Name of OSHA Monitor <b>Testor Tech</b>							
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 <b>10 59 Jackson Avenue</b> City, State, Zip Code <b>LIC NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <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
2 <sup>ND</sup> Level Joe Fresh Dept	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Express Waste Services LLC</b>		NJDEP Waste Hauler ID No. <b>NJ-804</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Global Waste Industries, Inc.</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>3/19/13</b>		City, State <b>Hackettstown NJ</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>		Date <b>2/6/13</b>			



OK  
2593

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

RECEIVED  
2013 FEB -7 PM 2:08  
& LICENSING

Date of Notification (1) <u>02 / 06 / 13</u>		Name of Building Owner/Operator (2) <u>Phillipsburg Associates, LP</u>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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 <u>222 Cameron Drive, Suite 110</u> City, State, Zip Code <u>Phillipsburg, NJ 08865</u> Name of Contact <u>Dave Zimmerman</u> Telephone Number <u>[REDACTED]</u>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Phillipsburg Commerce Park</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 and commercial buildings, homes, etc.)							
Street Address <u>Bldg. 8, 149 Bronico Way</u>		Square Feet <u>65,000</u>							
City (5) <u>Phillipsburg</u>		# of Floors <u>1</u>							
County (6) <u>Warren</u>		Bldg. Age <u>109 years</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Commercial</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>RT Environmental</u>		ASCM No.							
Street Address <u>215 West Church Road</u>		Name of Abatement Contractor (9) <u>ecoservices, LLC</u>							
City, State, Zip Code <u>King of Prussia, PA 19406</u>		Street Address <u>407 W. Lincoln Highway, Suite 40</u>							
Project Manager for Monitoring Firm <u>Tony Alessandrini</u>		City, State, Zip Code <u>Exton, PA 19341</u>							
Telephone No. <u>610-265-1510</u>		Telephone No. <u>484-872-8884</u>							
License No. <u>01161</u>		Name of OSHA Monitor <u>EMSL</u>							
Start Date (10) <u>02 / 20 / 13</u>		Scheduled Completion Date (11) <u>02 / 20 / 13</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 Time of Abatement: <u>AM</u> <u>4</u> PM / <u>12</u> PM <u>AM</u>		Street Address <u>200 Route 130 North</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <u>Cinnaminson, NJ 08077</u>							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Manufacturing Area</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Pipe Insulation</u>	<u>40 LF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Service Transport</u>		NJDEP Waste Hauler ID No. <u>SW2117</u>		Cubic Yards of Waste <u>1 cy</u>		Name of Registered Landfill <u>Minerva Landfill</u>			
City, State <u>New Castle, DE</u>		Disposal Date <u>TBD</u>		City, State <u>Waynesburg, OH</u>					
Completed By (Print or Type) <u>Jack Bally</u>		Title <u>Sr. Project Manager</u>		Signature <u>Jack Bally @</u>		Date <u>2/6/13</u>			



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

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ADDITIONAL PERMIT & LICENSING

Date of Notification (1) 01/24/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	1

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Firestone Library - Phase 2B levels 1,2,3,4,5,&6			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Firestone Library			Square Feet 100000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 6
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 3 Terri Lane			Street Address 98 LaCruce Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn			Telephone Number 609-386-8800		Licence Number 1103
Scheduled Start Date (10) 02/06/13 Month/Day/Year		Sched. Completion Date (11) 07/31/13 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 7:00AM Other - Describe: various shifts			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
see attached sheets									
see attached sheets									
see attached sheets									
see attached sheets									

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 500	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 2-6-13



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Princeton University - Firestone Library Phase 2-BB Levels 1, 2, 3, 4, 5, & 6 Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement
Level 1- Work area #1A	pipe insulation & fittings	150 LF	Removal
Level 1- Work area #1B	ceiling plaster	150 SF	Removal
Level 2- Work area #2A	floor tile & mastic	14000 SF	Removal
Level 2- Work area #2A	pipe insulation & fittings	1600 LF	Removal
Level 3- Work area #3A	ceiling plaster	2574 SF	Removal
Level 3- Work area #3A	floor tile & mastic	15708 SF	Removal
Level 3- Work area #3A	duct insulation	100 SF	Removal
Level 3- Work area #3A	pipe insulation & fittings	1250 LF	Removal
Level 3- Work area #3A	radiator liner	80 SF	Removal
Level 3- Work area #3 B	floor tile & mastic	1056 SF	Removal
Level 3- Work area #3 B	pipe insulation & fittings	100 LF	Removal
Level 3- Work area #3 C	floor tile & mastic	7500 SF	Removal
Level 3- Work area #3 C	pipe insulation & fittings	700 LF	Removal
Level 4- Work area #4A	ceiling plaster	1350 SF	Removal
Level 4- Work area #4A	floor tile & mastic	1826 SF	Removal
Level 4- Work area #4A	duct insulation	200 SF	Removal
Level 4- Work area #4A	pipe insulation & fittings	600 LF	Removal
Level 4- Work area #4A	fittings	100 EA	Removal
Level 4- Work area #4A	pipe saddles	60 EA	Removal
Level 4- Work area #4A	vibration cloth	20 SF	Removal
Level 4- Work area #4A	radiator liner	80 SF	Removal
Level 5- Work area #5A	floor tile & mastic	250 SF	Removal
Level 5- Work area #5A	pipe insulation & fittings	100 LF	Removal
Level 6- Work area #6A	ceiling plaster	470 SF	Removal
Level 6- Work area #6A	radiator liner	120 SF	Removal
Level 2- Work area #DC2	floor tile & mastic	24 SF	Removal
Level 3- Work area #DC3A	floor tile & mastic	24 SF	Removal
Level B- mens bathroom #B1	pipe insulation	100 LF	Removal
Level C Women's bathroom # C1	pipe insulation	100 LF	Removal
Level 1 East Core and pipe shaft # 1C	pipe insulation	100 LF	Removal
Level 2 East Core and pipe shaft # 2B	pipe insulation	35 LF	Removal
Level 2 East Core and pipe shaft # 2B	floor tile & mastic	180 SF	Removal



No check

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

Project #

Check #

Date of Notification (1) 02/02/12		Name of Building Owner/Operator (2) Hoboken University Center							
Agencies Notified	Type Notification	Street Address 308 Willow Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hoboken, NJ 07030							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joseph Chimento	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken Medical Center		Type of Facility (4)							
Street Address 308 Willow 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) Hoboken		Square Feet	# of Floors Bldg. Age						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No. _____	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd							
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	Telephone No. 973-933-2550						
Start Date (10) 02/09/2013		Scheduled Completion Date (11) 02/26/2013	License No. 01133						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J& S Environmental							
<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>Area non occupied, Facility open</u>		Street Address 2333 Rt 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Carpentry and Pump Room		X		surface	1200 SF	X			
				TSI	400 LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 02/02/2013			



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

Date of Notification (1) <b>01-19-2013</b>		Name of Building Owner/Operator (2) <b>Hoboken University Center</b>	
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	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	Street Address <b>308 Willow Ave</b>	
		City, State, Zip Code <b>Hoboken, NJ 07030</b>	
		Name of Contact <b>Joseph Chimento</b>	Tel. Number
Name of Facility Where Abatement is Taking Place (3) <b>Hoboken Medical Center</b>			
Street Address <b>308 Willow Ave</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
City (5) <b>Hoboken</b>	County (6) <b>Hudson</b>	County Code (7) (State Use Only)	Sq. Feet _____ # of Floors _____
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Aero Environmental Inc.</b>		ASCM No.	Bldg. Age _____
Street Address <b>275 Route 10 East</b>		Current Use (prior if being demolished)	
City, State, Zip Code <b>Guercassuna, NJ 07876</b>		Name of Contractor (9) <b>Nick Restoration LLC</b>	
Project Manager for Monitoring Firm <b>Michael Berta</b>		Street Address <b>7A Brookside Rd</b>	
Scheduled Start Date (10) <b>02-4-2013</b>	Telephone Number <b>973-920-9061</b>	City, State, Zip Code <b>Randolph, NJ 07869</b>	License Number <b>01133</b>
Scheduled Completion Date (11) <b>02-24-2013</b>	Telephone Number <b>973 933 2550</b>	Name of OSHA Monitor <b>J &amp; S Environmental</b>	
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 -		Street Address <b>2333 Rt 22 W.</b>	
Describe <b>area non occupied</b>		City, State, Zip Code <b>Union, NJ 07083</b>	
Describe <b>Facility open</b>			
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>carpentry and pump room</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <b>X</b>	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>surface</b>	Amount (Specify SF or LF) <b>1200 SF</b> <b>400 LF</b>
Name of Reg. Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID # <b>04509</b>	Abatement Type Rem. Rep. Encap. Enclose <b>X</b>
City, State <b>Newark, NJ 07105</b>	Cubic Yards of Waste <b>TBD</b>	Name of Reg. Landfill <b>G.R.O.W.S.</b>	
Completed by (Print or Type) <b>Elvira Morda</b>	Title <b>President</b>	Signature <b>Elvira Morda</b>	Disp. Date <b>TBD</b>
		Date <b>1-19-2013</b>	City, State <b>Tullytown, PA</b>

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

Telephone 609-984-6620

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

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2013 FEB -7 PM 2:08  
& LICENSING

Date of Notification (1) 1/31/2013		Check #2362		Name of Building Owner/Operator (2) Sandvik Inc	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1702 Nevins Road	
				City, State, Zip Code Fair Lawn, NJ 07410	
				Name of Contact Albert Mips	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Sandvik Inc				Type of Facility (4)	
Street Address 1702 Nevins 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) Fair Lawn, NJ 07410				Square Feet 160,000	# of Floors 1
County (6) BERGEN COUNTY				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Warehouse			
Name of Monitoring Firm Hired by Building Owner (8) EnvironVision Consultants			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation
Street Address 20-21 Wagaraw Road-Bldg 34-A			Street Address 426-69th Street		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145		Telephone No. 201-295-1700	License No. 01074
Start Date (10) Feb-2-2013		Scheduled Completion Date (11) Feb-5-2013		Name of OSHA Monitor same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at noon- around the clock				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior on the roof top			x	Removal of 62 windows	5x4= 20 sq/ea. x
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management
City, State PO Box 5010		Disposal Date tbd		City, State Tullytown, PA	
Completed by Gina Salvador		Title Office Manager		Signature <i>Gina Salvador</i>	Date 1/31/2013



Project #

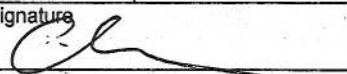
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check # 1844

Date of Notification (1) 02/03/2012		Name of Building Owner/Operator (2) Dave Bensen							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 66 A Maple Lane		City, State, Zip Code Hardwick NJ 07825							
Name of Contact Dave Bensen		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 66 A Maple Ave		Square Feet	# of Floors						
City (5) Hardwick, NJ 07825		Bldg. Age							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address		Street Address 72 Brookside Rd							
City, State, Zip Code		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609)652-1833	Telephone No. 973-933-2550						
Start Date (10) 02/19/2013		Scheduled Completion Date (11) 03/01/2013	License No. 01133						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor J&S Environmental							
		Street Address 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
First & second floor		X		Transite Panels	5000 SF	X			
First Floor		X		TSI	150 LF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 01/2/2013			




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

Date of Notification (1) 2/4/13		Name of Building Owner/Operator (2) Janusz Macko / Private Home							
Agencies Notified	Type Notification	Street Address 19 Barry Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Janusz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Janusz Macko / Private Home		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 19 Barry Lane		Square Feet 1000+	# of Floors 2						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
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) 2/18/13	Scheduled Completion Date (11) 2/22/13	Name of OSHA Monitor Same							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/22/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 2/4/13	



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

Date of Notification (1) <b>2/4/13</b>		Name of Building Owner/Operator (2) <b>Craig Moffett / Private Home</b>							
Agencies Notified	Type Notification	Street Address <b>14 W Carolina Ave</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Holgate NJ 08008</b>							
		Name of Contact <b>Craig</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Craig Moffett / Private Home</b>		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 <b>14 W Carolina Ave</b>		Square Feet <b>1000+</b>	# of Floors <b>2</b>						
City (5) <b>Holgate NJ 08008</b>		Bldg. Age <b>35+</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Pernaco Inc</b>						
Street Address		Street Address <b>PO Box 329</b>							
City, State, Zip Code		City, State, Zip Code <b>West Berlin NJ 08091</b>							
Project Manager for Monitoring Firm		Telephone No. <b>856-753-9800</b>	License No. <b>00727</b>						
Start Date (10) <b>2/14/13</b>	Scheduled Completion Date (11) <b>2/20/13</b>	Name of OSHA Monitor <b>Same</b>							
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							
		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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Name of Registered Waste Hauler <b>United Containers</b>		NJDEP Waste Hauler ID No. <b>22459</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>Elm NJ</b>		Disposal Date <b>2/20/13</b>		City, State <b>Morrisville PA 19067</b>					
Completed by <b>Anthony T Perna</b>		Title <b>President</b>		Signature 			Date <b>2/4/13</b>		



CHECK #  
2628

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

2013 FEB-7

Date of Notification (1) <u>2/4/13</u>		Name of Building Owner/Operator (2) <u>CAUTION CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>[REDACTED]</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>221 E. BROAD STREET</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <u>MILLVILLE</u>		Square Feet <u>1000</u>	
County (6) <u>CUMBERLAND</u>		# of Floors <u>2</u>	
County Code (7) (STATE USE ONLY) <u>CUMBERLAND</u>		Bldg Age <u>40+</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Street Address <u>369 S. SPRUCE AVE.</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm <u>[REDACTED]</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No. <u>856-779-0422</u>		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>2/18/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>2/25/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Frangible Procedure		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility: (13) <u>SIDING</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Amount (Specify SF or LF) <u>2500</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date <u>[REDACTED]</u>	
Name of Registered Landfill <u>CUMBERLAND LANDFILL</u>		City, State <u>CUMBERLAND, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>		Signature <u>Joseph Klemm</u>	
Title <u>OWNER</u>		Date <u>2/4/13</u>	

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



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

Check # 8087  
2013 FEB -7 PM 2:03  
RECEIVED

Date of Notification (1) <b>2-5-13</b>		Name of Building Owner/Operator (2) <b>Marie Carroll</b>							
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 <b>116 South Street</b> City, State, Zip Code <b>Freehold, NJ 07728</b>						
			Name of Contact <b>Marie Carroll</b> Telephone Number 						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b> Street Address <b>116 South Street</b> City (5) <b>Freehold NJ 07728</b>		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.) Square Feet # of Floors <b>2</b> Bldg. Age <b>80+</b>							
County (6) <b>Monmouth</b> County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt, NJ 08533</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b> Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b> License No. <b>00394</b>							
Start Date (10) <b>2-15-13</b> Scheduled Completion Date (11) <b>2-18-13</b>		Name of OSHA Monitor <b>EPC Technologies</b> Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 Enclosure			
<b>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b> City, State <b>New Egypt NJ</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>2</b> Disposal Date <b>2-19-13</b>		Name of Registered Landfill <b>Waste Management</b> City, State			
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>2-5-13</b>			



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:42)

Date of Notification (1) <b>01/30/2013</b>		Name of Building Owner / Operator (2) <b>Borough of Fieldsboro</b>	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>204 Washington St</b> City, State & Zip Code <b>Fieldsboro, NJ</b> Name of Contact <b>Patrice Hansell</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Borough of Fieldsboro</b>		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 <b>204 Washington St</b>		Square Feet <b>6000</b>	# of Floors <b>2</b>
City (5) <b>Fieldsboro</b>	County (6) <b>Burlington</b>	Bldg. Age <b>80</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Borough Hall</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
Street Address		Street Address <b>2129 Rt 33</b>	
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ</b>	
Project Manager for Monitoring Firm		Telephone Number <b>215-295-1004</b>	License Number <b>01091</b>
Scheduled Start Date (10) <b>2/8/2013</b>	Scheduled Completion Date (11) <b>2/9/2013</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <b>TO BE ABATED</b> 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)
	Yes	No	
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>Pipe Insulation/Boiler Insulation total estimated 60 lf</b>	
Amount (Specify SF or LF) <b>10lf</b>		Abatement Type	
		Removal	Repair
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Encapsulate	Enclosure
		<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>0033330</b>	Cubic Yards of Waste <b>0</b>
City, State <b>Hamilton</b>		Name of Registered Landfill <b>Grows Landfill</b>	
Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>
		Date <b>01/30/2013</b>	



CHECK #  
2629

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

Date of Notification (1) <u>2/5/13</u>		Name of Building Owner/Operator (2) <u>FAITH TECH CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>					
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>234 12TH ST.</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>				
City (5) <u>AVALON</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>CAMPBELL</u>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>2/15/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Scheduled Completion Date (11) <u>2/25/13</u>		Street Address <u>369 S. SPRUCE AVE.</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		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> 23 ft or 23 ft <input type="checkbox"/> 2160 ft or 2260 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce 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
<u>SIPING</u>			<u>TRANSITE</u>	<u>600#</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date		City, State <u>WOODBINE, N.J.</u>		Date <u>2/5/13</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>		Signature <u>Joseph Klemm</u>		Date <u>2/5/13</u>	



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

Date of Notification (1) <b>2/5/13</b>		Name of Building Owner/Operator (2) <b>EARTH TECH CONTRACTING</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>155 RT. 50</b>	
		City, State, Zip Code <b>GREENFIELD, N.J. 08230</b>	
		Name of Contact <b>BRUCE BREUNIG</b>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>241 E. SPRUCE AVE</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>
City (5) <b>WILDBOOD</b>		Bldg Age <b>40+</b>	
County (6) <b>CAREWAT</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE.</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0422</b>	License No. <b>00444</b>
Start Date (10) <b>2/20/13</b>	Scheduled Completion Date (11) <b>2/27/13</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
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 <b>369 S. SPRUCE AVE.</b>	
		City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23.51 or 23.11 <input type="checkbox"/> 2160.51 or 2260.11		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>	Amount (Specify SF or LF) <b>3500 LF</b>
			Abatement Type Removal <input checked="" type="checkbox"/> Encasement <input type="checkbox"/> Encapsulation <input type="checkbox"/>
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>C.M.C. M.U.A.</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>	Disposal Date	City, State <b>WOODBINE, N.J.</b>	
Completed By <b>JOSEPH KLEMM</b>	Title <b>OWNER</b>	Signature <i>Joseph Klemm</i>	Date <b>2/5/13</b>



## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) February 4, 2013		Name of Building Owner/Operator (2) Discovery Marine Services	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 154 Lemon Road City, State, Zip Code Farmingdale, NJ 07727 Name of Contact Randy Trinka Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 77 Channel Drive			Square feet 1000 sf		
City Point Pleasant Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/5/13		Scheduled Completion Date (11) 2/7/13			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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 or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Crawlspace		X		Asbestos pipe insulation	120 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/8/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 2/4/2013		

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



## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) January 31, 2013		Name of Building Owner/Operator (2) Robert Lee	
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 14020 Clear Water Lane City, State, Zip Code Fort Myers, FL 33907-8098 Name of Contact Robert Lee Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 320 Coolidge Avenue			Square feet 2500 sf		
City Ortley	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 2	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) 2/01/13		Scheduled Completion Date (11) 2/05/13		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		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] 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)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2000 sf	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 2/6/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 1/31/2013

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