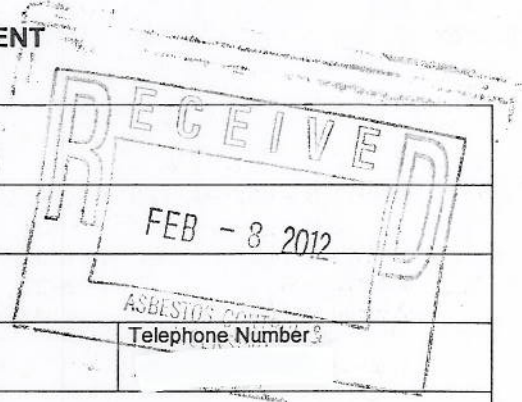


21365

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



Date of Notification (1) <u>02</u> / <u>07</u> / <u>12</u>		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1095 6th Avenue
			City, State, Zip Code New York, NY 10036
			Name of Contact Alex Baylor
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon		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 204 East High Street		Square Feet 10,000	# of Floors 2
City (5) Bound Brook, NJ		Bldg. Age 50+	
County (6) Somerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 29717	Name of Abatement Contractor (9) JVN Restoration Inc
Street Address 1253 North Church Street		Street Address 47 Foster Road	
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Harold Balwin	Telephone No. 856-840-8800	Telephone No. 718-605-6256	License No. 00774
Start Date (10) <u>02</u> / <u>14</u> / <u>12</u>	Scheduled Completion Date (11) <u>02</u> / <u>20</u> / <u>12</u>	Name of OSHA Monitor Testor Tech	
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 10 59 Jackson Avenue	
		City, State, Zip Code LIC, NY 11101	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement MER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	205 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	254 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 7	Name of Registered Landfill Minerva Enterprises Inc	
City, State Newark, NJ		Disposal Date 2/20/2012	City, State Waynesburg, OH		
Completed By (Print or Type) John Tardy	Title Senior Project Manager	Signature <i>John Tardy</i>	Date 2/7/12		

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

Check #1491

Date of Notification (1) 02/05/2012		Name of Building Owner/Operator (2) Morris Hills Regional District								
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Knoll Drive								
		City, State, Zip Code Rockaway, NJ 07866-4024								
		Name of Contact Steve A. Temosky	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Morris Knolls High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 50 Knoll Drive		Square Feet 100,000 +	# of Floors 3							
City (5) Rockaway		Bldg. Age 40+								
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc							
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke								
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725							
		License No. 01084								
Start Date (10) 02/17/2012	Scheduled Completion Date (11) 02/20/2012	Name of OSHA Monitor GL Group, Inc								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Tpke								
		City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	
Auditorium		X		Wire Insulation	120 LF	x				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill						
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Newburg, Pa						
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 2/5/2012				

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

B & G Proj. #: 2012-33

*** Emergency ***

Check # 5056

Date of Notification (1) 10/11/09/11/12		Name of Building Owner/Operator (2) Maria Chavarriaga		RECEIVED APPROVED Dept. of Health & Senior Services (signature) Date: 2/6/12 Time: 11:35 ASBESTOS CONTROL & LIENS DIVISION Telephone Number
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> OOH <input type="checkbox"/> DCA		617 Columbia Avenue		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code North Bergen, NJ 07047		
		Name of Contact Maria Chavarriaga		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maria Chavarriaga			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 617 Columbia Avenue			Square Feet		
City (5) North Bergen, NJ 07047			# of Floors		
County (6) Hudson		County Code (7) (State use only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number			
Telephone Number		License Number 0378			
Scheduled Start Date (10) 2/6/2012		Sched. Completion Date (11) 2/7/2012			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input 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			X	pipe insulation	100 lf	X			

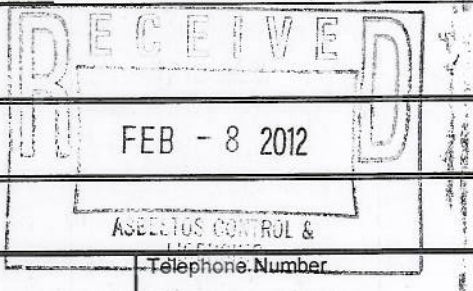
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 2/8/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 2/6/2012

B & G proj. #: 2012-33

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

Check # 5056

Date of Notification (1) 10/1/10 9/1/12
Name of Building Owner/Operator (2) Maria Chavarriaga
Street Address 617 Columbia Avenue
City, State, Zip Code North Bergen, NJ 07047
Name of Contact Maria Chavarriaga
Type Notification Initial



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maria Chavarriaga
Street Address 617 Columbia Avenue
City (5) North Bergen, NJ 07047
County (6) Hudson
County Code (7) (State use only)
Type of Facility (4) Other (Private/Commercial Bldgs./Homes, etc.)
Current Use (Prior if being demolished) residential

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a
ASCM No.
Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address 105 Ryerson Road
City, State, Zip Code Lincoln Park, NJ 07035
Telephone Number 973-696-6869
License Number 0378

Scheduled Start Date (10) 2/6/2012
Sched. Completion Date (11) 2/7/2012
Occupancy Status During Abatement (Check only one)
[X] Facility closed/vacated during entire period of abatement.

Scope of Work (check all that apply)
[X] Demolition
[X] >3 sf or >3 lf
[X] Renovation
[X] ≥160 sf or ≥260 lf
[X] Full Containment w/negative pressure
[X] Mini-enclosure
[X] Glovebag procedure
[X] Non-friable procedure

Table with 5 columns: 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), and a grid for Removal, Repair, Encap, and Enclosure.

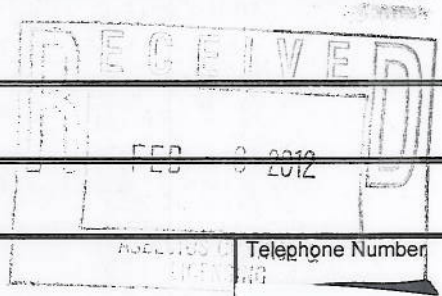
Registered Waste Hauler B & G Restoration, Inc.
NJDEP Hauler ID# 19563
Cubic Yards of Waste 1 1/2 yards
Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035
Disposal Date 2/8/2012
City, State Tullytown, PA
Completed by (Print or Type) Gordana Luna
Title Treasurer
Signature Gordana Luna
Date 2/6/2012

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

B & G proj. #: 2012-30

Check # 5055

Date of Notification (1) <u>10/21/06</u> / <u>11/21</u>		Name of Building Owner/Operator (2) Kim Rossman	
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 65 Mill Road	
		City, State, Zip Code Morris Plains, NJ 07950	
		Name of Contact Kim Rossman	Telephone Number



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kim Rossman			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 65 Mill Road			Square Feet	# of Floors	Bldg. Age
City (5) Morris Plains, NJ 07950	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-696-6869	License Number 0378		

Scheduled Start Date (10) 2/16/2012	Sched. Completion Date (11) 2/16/2012	Name of OSHA Monitor B & G Restoration, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road
		City, State, Zip Code Lincoln Park, NJ 07035

Scope of Work (check all that apply)

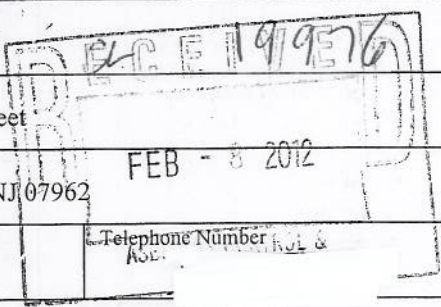
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input 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	55 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
storage room			<input checked="" type="checkbox"/>	pipe insulation	15 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 2/17/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 2/6/2012

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

Date of Notification (1) January 20, 2012		Name of Building Owner/Operator (2) Segal & Segal	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	465 South Street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Morristown, NJ 07962	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Fred Kimak	
		Telephone Number	
		ASE: _____	



FACILITY INFORMATION

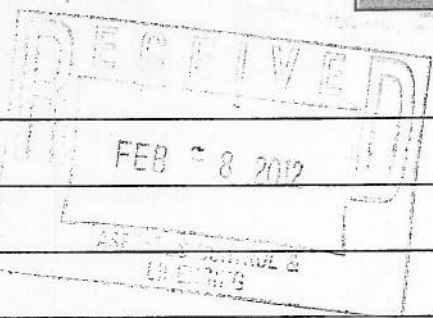
Name of Facility Where Abatement is Taking Place (3) Building			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
754 Scotland Road					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Orange	Essex		10,000 sf	1	80
			Current Use (Prior if being demolished) Laundry Room		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address			
1889 Rte. 9, Unit 61		1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code			
Toms River, NJ 08755		Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number	License Number		
Nicholas Fernicola	7321-349-9932	732-349-9932	00624		
Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor			
2/7/12	2/8/12	E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one)		Street Address			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		1056 Stelton Road			
		City, State, Zip Code			
		Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)		<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			
<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			

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 E 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	
Laundry Room D		X		Asbestos pipe insulation	200 lf	X				
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill						
Guardian Contracting, Inc.		20223	3	T.R.R.F.						
City, State		Disposal Date	City, State							
Toms River, New Jersey		2/9/12	Tullytown, Pennsylvania							
Completed by (Print or Type)		Title	Signature			Date				
Nicholas Fernicola		Project Manager				1/20/2012				

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

2405

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



Date of Notification (1) 2/6/12		Name of Building Owner/Operator (2) Camden County College	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 200 College Dr	
		City, State, Zip Code Blackwood NJ 08012	
		Name of Contact Ron	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Holly Run Manor		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 200 College Dr		Square Feet 1000+	# of Floors 2
City (5) Blackwood NJ 08012		Bldg. Age 35+	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) President 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.	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 2/16/12	Scheduled Completion Date (11) 2/23/12	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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

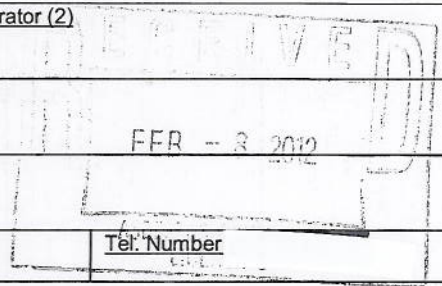
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
Roof				tar on terra cotta peaks	400 LF	x			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler-ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 2/23/12	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 2/6/12

1668

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

Date of Notification (1) 2/1/2012		Name of Building Owner/Operator (2) NJ DOT Region Central	
Agencies Notified (X) EPA (X) DEP () DOL () DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Cancelled	Street Address 1035 Parkway Ave	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Kiran Amin	Tel. Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Structure			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 501 Hoes Lane			Sq. Feet 2,500 # of Floors 2
City (5) Piscataway	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 40+ Current Use (prior if being demolished) residential

Name of Monitoring Firm Hired by Bldg. Owner (8) L.R. Kimball	ASCM No. 00103	Name of Contractor (9) Neuber Env. Svcs., Inc.
---	-----------------------	--

Street Address 411 Riverview Plaza	Street Address 42 Ridge Road
--	--

City, State, Zip Code Trenton, NJ 08611	City State, ZipCode Phoenixville, PA 19460
---	--

Project Manager for Monitoring Firm Mr. Robert Kowalczyk	Telephone Number 215.282.8300 x8377	Telephone Number 610-933-4332	License Number 00836
--	---	---	--------------------------------

Scheduled Start Date (10) 2/20/2012	Scheduled Completion Date (11) 2/25/2012	Name of OSHA Monitor Neuber Env. Svcs., Inc.
---	--	--

Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe _____	Street Address P.O. Box 541 City, State, Zip Code Phoenixville, PA 19460
---	---

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Basement			XXX	Flue Packing	25 sf	XXX			

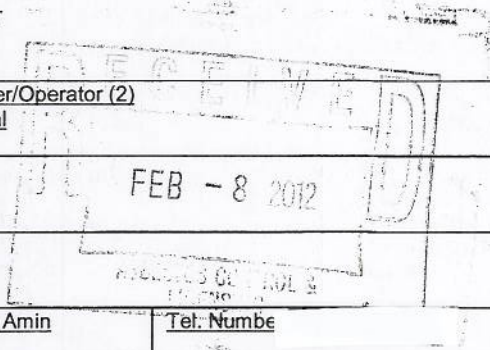
Name of Reg. Waste Hauler Future Sanitation	NJDEP Waste Hauler ID # 22051	Cubic Yards of Waste 10 yards	Name of Reg. Landfill GROWS Landfill
---	---	---	--

City, State Farmingdale, NJ	Disp. Date 2/2012	City, State Morrisville, PA
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Completed by (Print or Type) Jeffrey A. LaRiviere	Title V.P.	Signature 	Date 2/1/2012
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1669

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



<u>Date of Notification (1)</u> 2/1/2012		<u>Name of Building Owner/Operator (2)</u> NJ DOT Region Central	
<u>Agencies Notified</u> (X) EPA (X) DEP () DOL () DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 1035 Parkway Ave	
		<u>City, State, Zip Code</u> Trenton, NJ 08625	
		<u>Name of Contact</u> Kiran Amin	<u>Tel. Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Structure			<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> 900 East Lincoln Highway			Sq. Feet 2,500 # of Floors 2	
<u>City (5)</u> Piscataway	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	Bldg. Age 40+ Current Use (prior if being demolished) residential	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> L.R. Kimball	<u>ASCM No.</u> 00103	<u>Name of Contractor (9)</u> Neuber Env. Svcs., Inc.
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<u>Street Address</u> 411 Riverview Plaza	<u>Street Address</u> 42 Ridge Road
--	--

<u>City, State, Zip Code</u> Trenton, NJ 08611	<u>City, State, Zip Code</u> Phoenixville, PA 19460
---	--

<u>Project Manager for Monitoring Firm</u> Mr. Robert Kowalczyk	<u>Telephone Number</u> 215.282.8300 x8377	<u>Telephone Number</u> 610-933-4332	<u>License Number</u> 00836
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<u>Scheduled Start Date (10)</u> 2/20/2012	<u>Scheduled Completion Date (11)</u> 2/25/2012	<u>Name of OSHA Monitor</u> Neuber Env. Svcs., Inc.
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> P.O. Box 541
Describe _____		<u>City, State, Zip Code</u> Phoenixville, PA 19460
Other - Describe _____		

Source of Work (Check all that apply)

(X) Demolition () Renovation
 () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 () Full Containment with Negative Pressure () 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>			<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>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Porch Roof			XXX	Roof shingles	300 sf	XXX			
Roof			XXX	Chimney Flashing	150 sf	XXX			
Windows			XXX	Window Caulk	72 lf	XXX			
Door			XXX	Door caulk	80 lf	XXX			

<u>Name of Reg. Waste Hauler</u> Future Sanitation	<u>NJDEP Waste Hauler ID #</u> 22051	<u>Cubic Yards of Waste</u> 10 yards	<u>Name of Reg. Landfill</u> GROWS Landfill
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<u>City, State</u> Farmingdale, NJ	<u>Disp. Date</u> 2/2012	<u>City, State</u> Morrisville, PA
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<u>Completed by (Print or Type)</u> Jeffrey A. LaRiviere	<u>Title</u> V.P.	<u>Signature</u> 	<u>Date</u> 2/1/2012
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check # 1297

Date of Notification (1)

02/06/2012

Name of Building Owner/Operator (2)

Tricia Tramutoli

Agency 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 189 Prospect Avenue	Telephone Number FEB - 8 2012
		City, State, Zip Code North Arlington, NJ 07031	
		Name of Contact Tricia Tramutoli	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 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 189 Prospect Avenue	Square Feet # of Floors Bldg. Age
City (5) North Arlington, NJ 07031	
County (6) Bergen	County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		576 Valley Rd #283 Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-638-1777	01127

Start Date (10) 02/15/2012	Scheduled Completion Date (11) 02/16/2012	Name of OSHA Monitor Envirovision Consultants, 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 20-21 Wagaraw Road, Bldg # 34A Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

>3 sf or >3 lf Renovation
 ≥160 sf or >260 lf Demolition

Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	20 LF	x			

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date	City, State Tullytown, PA	
Completed by N. Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/06/2012

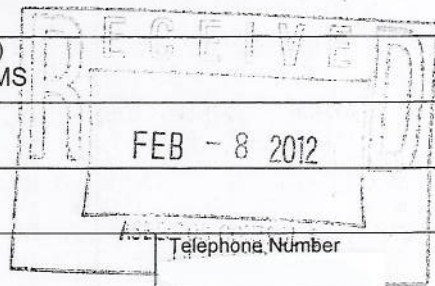
ASB-41

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

054482

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

7050



Date of Notification (1) 2/6/2012		Name of Building Owner/Operator (2) KENNEDY HEALTH SYSTEMS	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2201 CHAPEL ROAD
			City, State, Zip Code CHERRY HILL, NJ 08002
			Name of Contact DOUG VANDERMERE

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) KENNEDY HOSPITAL		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 2201 CHAPEL ROAD		Square Feet >50,000	# of Floors 3
City (5) CHERRY HILL, NJ 08002		Bldg. Age 65	
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL	

Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 3370 PROGRESS DRIVE		Street Address 1345 INDUSTRIAL BLVD.		
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code SOUTHAMPTON, PA 18966		
Project Manager for Monitoring Firm MIKE PANEPRESSO		Telephone No. 215 244-1300	Telephone No. 215 322-2900	License No. 00783

Start Date (10) 2/16/12	Scheduled Completion Date (11) 3/16/12	Name of OSHA Monitor EHS	
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: MON-FRI 7AM-11PM		Street Address 411 SOUTHGATE SUITE E	
		City, State, Zip Code MICKLETON, NJ 08056	

Scope of Work (Check All That Apply)

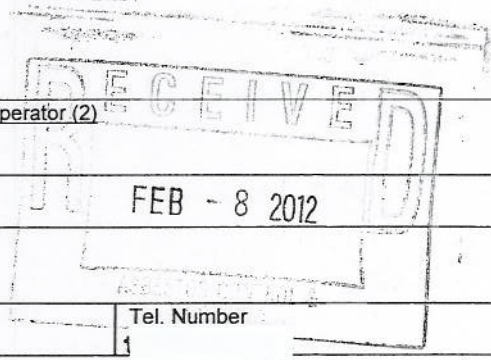
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM		X		HEAT EXCHANGER					
				INSULATION	16 SF	X			

Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE			Disposal Date	City, State WAYNESBURG, OHIO	
Completed by DAMIAN LAVELLE/CDV		Title PROJECT MGR.	Signature <i>Damian Lavelle</i>		Date 2/6/12

520199

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



<u>Date of Notification (1)</u> 2/06/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u> 1

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Powerhouse Building No. 4			<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> 1 James Street			Sq. Feet <u>15000</u> # of Floors <u>2 + partial mezz</u>	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	Bldg. Age <u>60 +/-</u> Current Use (prior if being demolished) <u>Powerhouse</u>	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 655 West Shore Trail		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Sparta, NJ 07871		<u>City, State, Zip Code</u> Brea, CA 92821	

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 2/21/2012	<u>Scheduled Completion Date (11)</u> 5/04/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 10 59 Jackson Ave.	
<u>Describe Vacant Bldg. To Be Demolished</u> 15,000 sf building to be demolished in its entirety Other - Describe		<u>City, State, Zip Code</u> L.I.C. New York, 11101	

Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Throughout Interior & Exterior Pipe Racks	X			Pipe Insulation	2,700 lf	X			
Windows	X			Glazing on Windows	150 each	X			
Throughout	X			Debris on Floor	500 sf	X			
Mezzanine Deck	X			Tank Insulation	800 sf	X			
Top Tier & @ Boilers	X			Wire Wrap	150 lf	X			
Boilers	X			Block Insulation	18,000 sf	X			
South Side & Elec. Switch	X			Transite & Black Panels	1,500 sf	X			
Roof	X			Flat & Flashings	13,000 sf	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 120	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE	<u>Disp. Date</u> 5/04/12	<u>City, State</u> Waynesburg, OH	

<u>Completed by (Print or Type)</u> Jon Monagan	<u>Title</u> Project Coordinator	<u>Signature</u> <i>Jonathan T. Monagan</i>	<u>Date</u> 2/06/12
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RECEIVED

FEB - 8 2012

APPLICANT'S OFFICE

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

X. Description of Planned Demolition or Renovation Work and Methods to be Used:
Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site:
Full negative air containments for interior abatement. Wet removal methods. Vacumms will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking. Exterior piping utilizing glovebag methods.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A
 City: Newark County: Essex State: NJ Zip: 07114
 Contact: Susan Rubinetti (Layton) Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane
 City New Castle County New Castle State DE Zip 19720
 Contact Tom Gaudet Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984
 Address: 9000 Minerva Rd
 City: Waynesburg County: Stark State: OH Zip: 44688
 Contact: Sara Pomera Telephone: 330-866-3435

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

Name	Title
Authority	
Date of Order (MM/DD/YY)	Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)	(HH:MM)
Description of SUDDEN, UNEXPECTED EVENT	

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

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

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

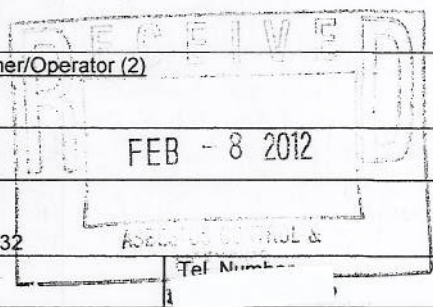
Jonathan P. Morgan (Signature of Owner/Operator) (Date) 2/06/12

XVIII. Certify that the Above Information is Correct

Jonathan P. Morgan (Signature of Owner/Operator) (Date) 2/06/12

520198

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



Date of Notification (1) 1/13/12		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 100 Campus Drive	
		City, State, Zip Code Florham Park, NJ 07932	
		Name of Contact Frank Piechoeta	Tel Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BASF - Main Production Building			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 James Street			Sq. Feet 121700 # of Floors 2	
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 50 +/- Current Use (prior if being demolished) vacant manufacturing	

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP	
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Street Address 655 West Shore Trail		Street Address 404 N. Berry Street		
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Brea, CA 92821		

Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 1/30/2012	Scheduled Completion Date (11) 4/20/2012	Name of OSHA Monitor Testor Tech	
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Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 10 59 Jackson Ave.	
Describe Vacant Bldg. To Be Demolished 121,701 sf building to be demolished in its entirety		City, State, Zip Code L.I.C. New York, 11101	
Other - Describe			

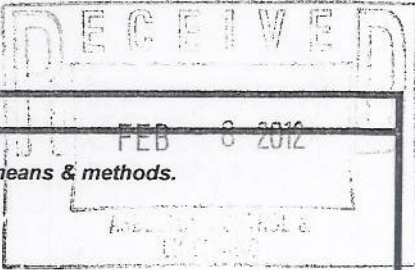
Source of Work (Check all that apply)

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

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

Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 80	Name of Reg. Landfill Minerva Enterprises
City, State 58 Pyles Lane - New Castle, DE		Disp. Date 4/20/12	City, State Waynesburg, OH

Completed by (Print or Type) Jon Monagan	Title Project Coordinator	Signature 	Date 2/06/12
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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used:

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site:

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Non-friable removals using wet methods, intact removals and drop poly for transite and caulking etc.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark County: Essex State: NJ Zip: 07114

Contact: Susan Rubinetti (Layton) Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle County New Castle State DE Zip 19720

Contact Tom Gaudet Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg County: Stark State: OH Zip: 44688

Contact: Sara Pomera Telephone: 330-866-3435

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

Name Title

Authority

Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

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

Description of SUDDEN, UNEXPECTED EVENT

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

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

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

Jonathan P. Morgan

(Signature of Owner/Operator)

(Date) 2/06/12

XVIII. I Certify that the Above Information is Correct

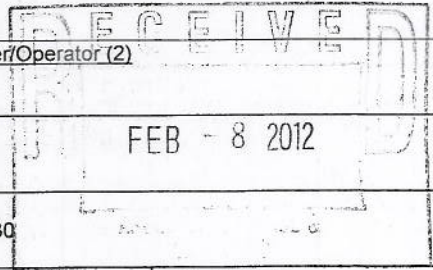
Jonathan P. Morgan

(Signature of Owner/Operator)

(Date) 2/06/12

520197

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



<u>Date of Notification (1)</u> 12/05/11		<u>Name of Building Owner/Operator (2)</u> PEPCO Holdings, Inc.	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled OFF HOLD	<u>Street Address</u> 5100 Harding Highway	
		<u>City, State, Zip Code</u> Mays Landing, NJ 08330	
		<u>Name of Contact</u> Michael Crostic	<u>Tel Number</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Roadstown Substation			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 165 Marlboro Road			Sq. Feet 120 # of Floors 1	
<u>City (5)</u> Shiloh	<u>County (6)</u> Cumberland	<u>County Code (7)</u> (State Use Only)	Bldg. Age 50+ Current Use (prior if being demolished) Substation	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> 1 Source Safety and Health, Inc.	<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 140 South Village Ave., Ste. 130		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Exton, PA 19341		<u>City, State, Zip Code</u> Brea, CA 92821	

<u>Project Manager for Monitoring Firm</u> Dan Bruun	<u>Telephone Number</u> 610-524-5525	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 2/20/2012	<u>Scheduled Completion Date (11)</u> 02/23/2012	<u>Name of OSHA Monitor</u> EMSL Analytical
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 107 Haddon Ave
<u>Describe Vacant Bldg. To Be Demolished</u> Substation Other - Describe		<u>City, State, Zip Code</u> Westmont, NJ 08108

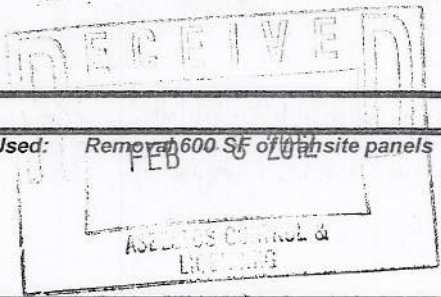
Source of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Walls/Roof			X	Transite Panels	600 SF	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group, Inc.	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 5	<u>Name of Reg. Landfill</u> Minerva Landfill
<u>City, State</u> New Castle, DE	<u>Disp. Date</u> 2/23/12	<u>City, State</u> Waynesburg, OH	

<u>Completed by (Print or Type)</u> Mark Griffin	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 2/06/2012
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Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of 600 SF of onsite panels intact, wetting material, double wrap in 6mil poly.

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

XII. Waste Transporter#1 Service Transport Group

Address 58 Pyles Lane
City New Castle County New Castle State DE Zip 19720
Contact Randy Bridges Telephone 302-778-5930

Waste Transporter#2

Address
City County State Zip
Contact Telephone

XIII. Waste Disposal Site Minerva Landfill

EPA Certification Number: P0104984
Address: 9000 Minerva Road
City: Waynesburg County: Stark State: OH Zip: 44688
Contact: Telephone: 330-866-3435

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

Name Title
Authority
Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) (HH:MM)
Description of SUDDEN, UNEXPECTED EVENT

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

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

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

Mark Griffin (Signature of Owner/Operator) (Date) 2/06/12

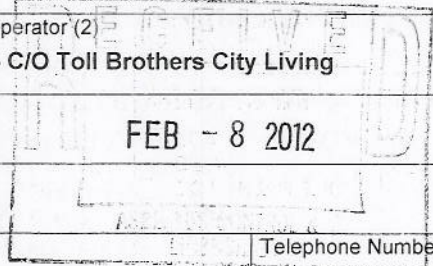
XVIII. I Certify that the Above Information is Correct

Mark Griffin (Signature of Owner/Operator) (Date) 2/06/12

6986

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

Date of Notification (1) 2 / 6 / 12		Name of Building Owner/Operator (2) 134 Bay Street LLC-- C/O Toll Brothers City Living	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Maxwell Lane	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact	Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Block 174 Lot-Plot .A		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 332-50 Marin Blvd		Square Feet 46,000	# of Floors 1
City (5) Jersey City, 07302		Bldg. Age 50+	
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse	
Name of Monitoring Firm Hired by Building Owner (8) Lew Corporation	ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems	
Street Address 1090 Bristol Rd		Street Address 1121 N. Bethlehem Pike - Suite 60	
City, State, Zip Code Mountainside, NJ 07092		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm	Telephone No. 908 654 8068	Telephone No. 215-542-7000	License No. 00847
Start Date (10) 2 / 21 / 12	Scheduled Completion Date (11) 3 / 30 / 12	Name of OSHA Monitor CES	
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: 7:00AM-5:00PM / ____ PM- ____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60	
		City, State, Zip Code Spring House, PA 19477	

Scope of Work (Check all that apply)

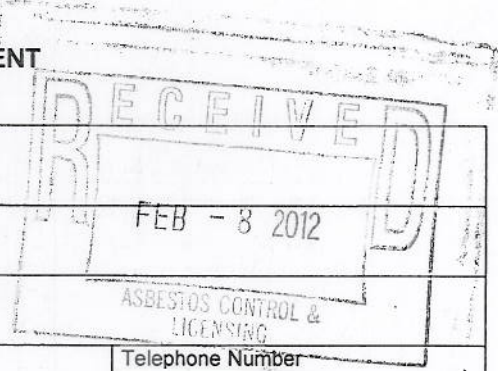
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	46,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tile & Mastic	5000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler STG	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 250	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 3/31/12	City, State Waynesburg, OH 44688	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature <i>Patricia Visco</i>	Date 2/6/2012

21366

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



Date of Notification (1) <u>02</u> / <u>07</u> / <u>12</u>		Name of Building Owner/Operator (2) Verizon	
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 # _____	Street Address 1095 6th Avenue	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code New York, NY 10036	
	<input type="checkbox"/> Cancellation	Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon		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 172 West Main Street		Square Feet 10,000	# of Floors 2
City (5) Somerville, NJ		Bldg. Age 50+	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.	ASCM No. 29717	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 1253 North Church Street		Street Address 47 Foster Road	
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Harold Balwin	Telephone No. 856-840-8800	Telephone No. 718-605-6256	License No. 00774

Start Date (10) <u>02</u> / <u>21</u> / <u>12</u>	Scheduled Completion Date (11) <u>02</u> / <u>29</u> / <u>12</u>	Name of OSHA Monitor Testor Tech	
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 10 59 Jackson Avenue	
		City, State, Zip Code LIC, NY 11101	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	694 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Roo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Express Waste Services LLC	NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises Inc
City, State Newark, NJ		Disposal Date 2/29/2012	City, State Waynesburg, OH
Completed By (Print or Type) John Tardy	Title Senior Project Manager	Signature <i>John Tardy</i>	Date 2/7/12

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

Check # 8107

Date of Notification (1) 2-3-12		Name of Building Owner/Operator (2) Marion Spilatro					
Agency 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 133 Giles AVE				
			City, State, Zip Code Middlesex NJ 08846				
			Name of Contact Marion Spilatro Telephone Number 08846				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 133 Giles AVE		Square Feet	# of Floors 2				
City (5) Middlesex NJ 08846		Bldg. Age 75+					
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394				
Start Date (10) 2-14-12	Scheduled Completion Date (11) 2-14-12	Name of OSHA Monitor EPC Technologies, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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) 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) 100 LF	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe Insulation		X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 2-15-12	City, State Morrisville PA				
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 2-3-12				