

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

B & G proj. #: 2013-29

Check # 5763

2013 FEB -8 PM 2:08

Date of Notification (1) 02/10/15/11/13		Name of Building Owner/Operator (2) Debbie Albrecht	
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 49 Johnson Road	
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Debbie Albrecht	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Debbie Albrecht			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 49 Johnson Road			
City (5) West Orange	County (6) Essex	County Code (7) (State use only)	Square Feet
			# of Floors
			Bldg. Age
			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 00378
Scheduled Start Date (10) 02/15/2013	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 Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe	4 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/18/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/05/2013

B & G proj. #: 2013-23

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

EMERGENCY

Check # 5754

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Fair Lawn Board of Education		APPROVED NJ Dept. of Health & Senior Services (Signature) <i>[Signature]</i> 10:12 AM
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 37-01 Fair Lawn Avenue		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Fair Lawn, NJ 07410		
		Name of Contact Tom Senko		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Henry B. Milnes School (Non-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 6-01 Bergen Avenue			Square Feet	# of Floors
City (5) Fair Lawn, NJ			County (6) Bergen	County Code (7) (State use only)
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	
Scheduled Start Date (10) 02/01/2013			Telephone Number 973-696-6869	
Sched. Completion Date (11) 02/01/2013			License Number 0378	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: Occupied NON-Sub 8			Name of OSHA Monitor B & G Restoration, Inc.	
			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ >3 sf or >3 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ z160 sf or >260 lf
☐ Glovebag procedure
☐ Non-filable 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)	Removal	Repair	Encap	Engl
	Yes	No	N/A						
basement			X	pipe insulation (Wrap & Cut)	11 lf	X			

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 02/01/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 01/31/2013

REMEMBER - MAIL IN HARD COPY Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:10-1)

B & G proj. #:

2013-23

EMERGENCY

10 DAY

Check # 575

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Fair Lawn Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> ORP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 37-01 Fair Lawn Avenue		City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact Tom Senko		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Henry B. Milnes School (Non-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 5-01 Bergen Avenue			Square Feet		
City (5) Fair Lawn, NJ			County (6) Bergen		
County Code (7) (State use only)			Blgd Age		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		
Phone Number			Licence Number 0378		
Scheduled Start Date (10) 02/01/2013			Sched. Completion Date (11) 02/01/2013		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement <input type="checkbox"/> Abatement performed outside of normal facility hours Describe <input checked="" type="checkbox"/> Other-Describe: Occupied NON-Sub 8			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"/> >3 sf or >3 lf		<input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> Glovebag procedure		<input type="checkbox"/> Non-fabric procedure							
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/guardial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R 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 (Wrap & Cut)	11 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJ DEP Hauler ID# 19363		Cubic Yards of Waste 1 yard		Name of Registered Landfill Tullytown Resource & Recovery Center			
City, State Lincoln Park, NJ 07035		Disposal Date 02/01/2013		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna		Date 01/31/2013			

B & G proj. #: 2013-23

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

EMERGENCY

Check # 5754

Date of Notification (1)

01/31/13

Name of Building Owner/Operator (2)

Fair Lawn Board of Education

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

37-01 Fair Lawn Avenue

City, State, Zip Code

Fair Lawn, NJ 07410

Name of Contact

Tom Senko

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Henry B. Milnes School (Non-Sub 8)

Street Address

5-01 Bergen Avenue

City (5)

Fair Lawn, NJ

County (6)

Bergen

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

school-non sub chapter 8

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-696-6869

License Number

0378

Scheduled Start Date (10)

02/01/2013

Sched. Completion Date (11)

02/01/2013

Occupancy Status During Abatement (Check only one)

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

Describe:

☒ Other-Describe: Occupied NON-Sub 8

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Repair

Encap

Encl

basement

pipe insulation (Wrap & Cut)

11 lf

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

City, State

Lincoln Park, NJ 07035

Disposal Date

02/01/2013

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

01/31/2013

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

B & G proj. #: 2013-22

Check # 5766

2013 FEB -8 PM 2:08

Date of Notification (1) 02/10/13		Name of Building Owner/Operator (2) David deBang	
Agencies Notified	Type Notification	Street Address 144 Delacy Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code North Plainfield, New Jersey 07060	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David deBang	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) David deBang			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 144 Delacy Avenue			Square Feet		
City (5) North Plainfield, NJ 07060			# of Floors		
County (6)			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) Hospital (non sub 8)		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	
Scheduled Start Date (10) 02/18/2013		Sched. Completion Date (11) 02/19/2013	License Number 00378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.	
			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
main room			<input checked="" type="checkbox"/>	pipe insulation	65 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation	37 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bathroom			<input checked="" type="checkbox"/>	pipe insulation	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe insulation	21 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/19/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 02/05/2013

B & G proj. #: 2013-30

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

*** EMERGENCY ***

Check # 5765

Date of Notification (1) 02/10/13		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified	Type Notification	Street Address 100 Madison Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Morristown, NJ 07960	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Peter Palmer	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center, Franklin B (non sub 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 100 Madison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Morristown	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Birdsall Services Group		ASCM No. 0017	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 65 Jackson Drive			Street Address 105 Ryerson Road		
City, State, Zip Code Cranford, NJ 07016			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Burns		Phone Number 908-497-8900 x 6228	Telephone Number (973)696-6869		
Scheduled Start Date (10) 02/07/2013		Sched. Completion Date (11) 02/08/2013	License Number 00378		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: Start job @ 5:00pm			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room F-B16			X	pipe insulation	10 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/11/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 02/05/2013

B & G proj. #: 2013-30

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)
EMERGENCY

Check # 5765

Date of Notification (1) <u>02/10/13 11:13</u>		Name of Building Owner/Operator (2) <u>Atlantic Health System</u>		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: <u>2/10/13</u> Time: <u>3:30</u>
Agencies Notified	Type Notification	Street Address <u>100 Madison Avenue</u>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Morristown, NJ 07960</u>		
		Name of Contact <u>Peter Palmer</u>		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Morristown Medical Center, Franklin B (non sub 8)</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>100 Madison Avenue</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Morristown</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>Hospital (non sub 8)</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Birdsall Services Group</u>		ASCM No. <u>0017</u>	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address <u>65 Jackson Drive</u>		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code <u>Cranford, NJ 07016</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm <u>Kevin Burns</u>		Phone Number <u>908-497-8900 x 6228</u>	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>02/07/2013</u>		Sched. Completion Date (11) <u>02/08/2013</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>Start job @ 5:00pm</u>					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>					
Street Address <u>105 Ryerson Road</u>					
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥180 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-triable 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						
Room F-B18			<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NUDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1/2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>02/11/2013</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>02/05/2013</u>

CK 4722
00

D&S Proj. #: MS 13-43

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

RECEIVED
2013 FEB -8 PM 2:08
ASBESTOS ABATEMENT & LICENSING DIV.

Date of Notification (1) 02/10/13		Name of Building Owner/Operator (2) PAMELA HANS	
Agencies Notified	Type Notification	Street Address 6 CHESTNUT STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code ELMWOOD PARK, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact PAMELA HANS	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PAMELA HANS			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 6 CHESTNUT STREET			Square Feet		
City (5) ELMWOOD PARK			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
			License Number 01169	
Start Date (10) 02/14/13		Sched. Completion Date (11) 02/22/13		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/15/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 02/04/13

CK 00914

D&S Proj. #: MS 13-42

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

RECEIVED

Date of Notification (1) 02/10/14		Name of Building Owner/Operator (2) MARK RODRIGUEZ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 680 GROVE STREET		City, State, Zip Code ELIZABETH, NJ 07205	
Name of Contact MARK RODRIGUEZ		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARK RODRIGUEZ			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 680 GROVE STREET			Square Feet		
City (5) ELIZABETH			# of Floors		
County (6) UNION			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 02/05/13		Sched. Completion Date (11) 02/15/13		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER		X		Boiler Insulation	30 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/06/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/04/13	

D&S Proj. #: MS 13-42

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



Date of Notification (1) 02/17/13		Name of Building Owner/Operator (2) MARK RODRIGUEZ	
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification: <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 680 GROVE STREET		City, State, Zip Code ELIZABETH, NJ 07205	
Name of Contact MARK RODRIGUEZ		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARK RODRIGUEZ			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 680 GROVE STREET			Square Feet		
City (5) ELIZABETH			# of Floors		
County (6) UNION			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 02/05/13			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 02/15/13			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) in the 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	a	i	n	e	d	E	n	d	L
	Yes	No	N/A														
BASMENT BOILER		X		Boiler Insulation	30 SQ FT												

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/06/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) ROGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/04/13

B & G proj. #: 2013-24

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

Check # 5756

Date of Notification (1) <u>10/21/10 11/11/13</u>		Name of Building Owner/Operator (2) Katharine Gutshall	
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 50 Sylvan Drive	
		City, State, Zip Code Morris Plains, NJ 07950	
		Name of Contact Katharine Gutshall	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Katharine Gutshall			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 50 Sylvan Drive			Square Feet # of Floors Bldg. Age		
City (5) Morris Plains	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 00378
Scheduled Start Date (10) 02/12/2013	Sched. Completion Date (11) 02/13/2013		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)

- | | | | |
|--|--|---|---|
| <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 checked="" 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						
boiler room/laundry room			<input checked="" type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	contaminated fiberglass insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement/main room			<input checked="" type="checkbox"/>	pipe/pipe fittings	15 lf / 7 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
washer/dryer area			<input checked="" type="checkbox"/>	VAT	44 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water shut off room			<input checked="" type="checkbox"/>	pipe insulation	15 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/13/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/01/2013

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

B & G proj. #: 2013-25

Check # 5757

Date of Notification (1) <u>02/10/13</u>		Name of Building Owner/Operator (2) George & Terri Schneider	
Agencies Notified	Type Notification	Street Address 1 Barberry Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Convent Station, NJ 07961	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Liz Harper	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) George & Terri Schneider			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 1 Barberry Road			Square Feet # of Floors Bldg. Age		
City (5) Convent Station	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 00378
Scheduled Start Date (10) 02/13/2013		Sched. Completion Date (11) 02/14/2013	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 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						
Garage			X	pipe insulation	31 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/13/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/01/2013

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

REMEMBER - MAIL IN HARD COPY

Check # 5758 DAY

2013 FEB -8 PM 2:00

2013

B & G RESTORATION, INC.

Date of Notification (1)
10/21/10 11/11/13

Name of Building Owner/Operator (2)
West Orange School District

Street Address
179 Eagle Rock Avenue

City, State, Zip Code
West Orange, NJ 07052

Name of Contact
Robert Csigi

Telephone Number

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
St. Cloud Elementary School

Street Address
71 Sheridan Ave.

City (5)
West Orange

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☒ School (K-12)
☐ Subchapter B (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
School-Non Sub 8

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6669

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
02/2/2013

Sched. Completion Date (11)
02/2/2013

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
Describe:
☐ Other-Describe:

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☒ >2 sf or >2 lf
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-fabric procedure

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

Is location normally used solely by maintenance/custodial staff (12)
Yes No N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

	R	R	E	E
	m	e	n	n
	o	p	c	c
	v	i	a	L
BOILER ROOM				
pipe insulation				

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1/4 yd

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Tullytown, PA

Disposal Date
02/04/2013

Signature
Gordana Luna

Date
02/01/2013

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

B & G proj. #: 2013-26

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

Check # 5758

Date of Notification (1)
 10/21/10 11/11/13

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
 West Orange School District

Street Address
 179 Eagle Rock Avenue

City, State, Zip Code
 West Orange, NJ 07052

Name of Contact
 Robert Csigi

Telephone Number

APPROVED
 Dept. of Health & Senior Services
 [Signature]
 Date: 2/11/13 Time: 3:06 PM

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 St. Cloud Elementary School

Street Address
 71 Shendan Ave.

City (5)
 West Orange

County (6)
 Essex

County Code (7)
 (State use only)

Type of Facility (4)
☒ School (K-12)
☐ Subchapter 8 (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
 # of Floors
 Bldg. Age

Current Use (Prior if being demolished)
 School-Non Sub 8

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

ASCM No.

Name of Abatement Contractor (9)
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Telephone Number
 (973)696-6869

License Number
 00378

Name of OSHA Monitor
 B & G Restoration, Inc.

Street Address
 105 Ryerson Road

City, State, Zip Code
 Lincoln Park, NJ 07035

Scheduled Start Date (10)
 02/2/2013

Sched. Completion Date (11)
 02/2/2013

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
 Describe:
☐ Other-Describe:

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >2 sf or >3 lf ☐ ≥180 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

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

Registered Waste Hauler
 B & G Restoration, Inc.

NJDEP Hauler ID#
 18563

Cubic Yards of Waste
 1/4 yd

Name of Registered Landfill
 Tullytown Resource & Recovery Center

City, State
 Tullytown, PA

Disposal Date
 02/04/2013

Completed by (Print or Type)
 Gordana Luna

Title
 Secretary/Treasurer

Signature
 Gordana Luna

Date
 02/01/2013

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

B & G proj. #: 2013-26

Check # 5758

Date of Notification (1) 10/12/10 11/11/13		Name of Building Owner/Operator (2) West Orange School 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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 179 Eagle Rock Avenue		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Robert Csigi		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) St. Cloud Elementary 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 71 Sheridan Ave.			Square Feet # of Floors Bldg. Age		
City (5) West Orange	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) School-Non Sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 02/2/2013		Sched. Completion Date (11) 02/2/2013	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
BOILER ROOM			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/4 yd	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 02/04/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/01/2013

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

Date of Notification (1) 02/05/2013		Name of Building Owner/Operator (2) GLEN RIDGE CONGREGATIONAL CHURCH							
Agencies Notified	Type Notification	Street Address 195 RIDGEWOOD AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code GLEN RIDGE NJ 07028							
		Name of Contact SHARON HARMS							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GLEN RIDGE CONGREGATIONAL CHURCH		Type of Facility (4)							
Street Address 195 RIDGEWOOD AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) GLEN RIDGE		Square Feet	# of Floors						
County (6) ESSEX		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No.							
Street Address 20-21 WAGARAW RD		Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION							
City, State, Zip Code FAIRLAWN NJ 07410		Street Address 235 WATCHUNG AVENUE							
Project Manager for Monitoring Firm FREDERICK LARSON		City, State, Zip Code WEST ORANGE NJ 07052							
Telephone No. 973-636-9145		Telephone No. 973-243-9872	License No. 01171						
Start Date (10) 02/18/2013	Scheduled Completion Date (11) 02/18/2013	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen		X		pipe insulation	15LF	X			
boiler room		X		pipe insulation	10LF	X			
Name of Registered Waste Hauler KIELCZEWSKI CORPORATION		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill CONESTOGA LANDFILL				
City, State WEST ORANGE NJ		Disposal Date		City, State MORGANTOWN PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Slawomir Kielczewski</i>		Date 02/05/2013			

No check

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

RECEIVED
2013 FEB -8 PM 2:08
ASBESTOS & LEAD DIVISION

Date of Notification (1) 12/13/2012		Name of Building Owner/Operator (2) ONE EXCHANGE JC, LLC							
Agencies Notified	Type Notification	Street Address 1410 COMMON OAKS DRIVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RALEIGH, NC 27614							
		Name of Contact Christopher Brenner	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HYATT BUILDING		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 1 EXCHANGE PLACE		Square Feet	# of Floors 10						
City (5) JERSEY CITY		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No.	Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION						
Street Address 20-21 WAGARAW RD		Street Address 235 WATCHUNG AVE							
City, State, Zip Code FAIRLAWN NJ 07410		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm WILLIAM MORALES		Telephone No. 973-636-9145	Telephone No. 973-243-9872						
License No. 01171									
Start Date (10) 12/17/2012	Scheduled Completion Date (11) 02/15/2013	Name of OSHA Monitor SCHNEIDER LABORATORIES GLOBAL							
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 2512 W. CARY STREET							
		City, State, Zip Code RICHMOND VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Building- Ban Vault			x	Floor Tiles and Mastic	240sf	x			
Bank Side- Basement			x	Floor Tile	100sf	x			
Basement across bank vault			x	Pipe Insulation	45lf	x			
1st Floor Hallway			x	Tile and Mastic	275sf	x			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY					
City, State LINDEN NJ		Disposal Date		City, State MORISVILLE PA					
Completed by SLAWOMIR KIELCZEWSKI		Title PRESIDENT	Signature <i>Kielczewski</i>			Date 02/04/2013			

Location – Main Building	Material	Approx. Quantity of ACM
Basement 3, Boiler Room – Boiler left of center “Betsy” boiler.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	1,900 Square Feet.
Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.	Grey boiler insulation (cylindrical top on top of large left boiler).	
Basement 3, Boiler Room – Behind boiler left of center “Betsy” boiler.	White (top layer) and grey (bottom layer) duct insulation.	900 Square Feet (3” Thick).
Basement 3, Boiler Room – Center “Betsy” and boiler right of “Betsy”.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	3,800 Square Feet.
Basement 3, Boiler Room – On top of boiler left of center “Betsy” boiler.	Grey / brown boiler & wrap insulation (cylindrical top on top of middle “Betsy” & right boiler).	
Basement 3, Boiler Room – Behind center “Betsy” and boiler on right side.	White (top layer) and grey (bottom layer) duct insulation.	1,800 Square Feet (3” Thick).
Basement 3, Boiler Room – Above all boilers.	Grey / White Elbow Insulation.	40 Large / Small Elbows.
Basement 3, Boiler Room – Above all boilers.	Grey Pipe Wrap Insulation.	2,865 Linear Feet.
Basement 3, Boiler Room – Above all boilers.	White / Grey Ceiling Insulation.	2,400 Square Feet.
Basement 3, Boiler Room, next to entrance.	White hot-water-tank (cylinder) wrap insulation.	150 Square Feet.
Basement 3, Main Center Room w/ freight elevator.	White boiler insulation (small boiler).	180 Square Feet.
Basement 3, Main Center Room w/ freight elevator.	Green, Red & Grey/White Pipe Insulation & Elbow Insulation.	540 Linear Feet & 98 Elbows.
Basement 3, Room Right of Electrical Room.	White / Grey Pipe Insulation.	160 Linear Feet.
Sub-Basement, Telephone Equipment Room.	Grey Duct Insulation.	40 Square Feet.
Sub-Basement, Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	415 Linear Feet & 50 Elbows.
Small Room, off of stairwell, left of Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	65 Linear Feet & 7 Elbows.
Basement, Electrical Room, Room B1, Electrical Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	60 Linear Feet & 10 Elbows.
Basement, Electrical Panel Room.	Off-White Pipe Insulation.	45 Linear Feet & 2 Elbows.
Basement, Electrical Panel Room.	Black Electrical Panels.	25 Square Feet.
Basement, Meter Room (water room).	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	80 Linear Feet & 12 Elbows.
Basement, Vent Room.	Grey Air-O-Cell Pipe Insulation (inside debris, inside vent itself) & ceiling.	300 Linear Feet & 65 Elbows.
Basement, Vent Room (exterior lining).	White duct vent lining (assume interior also).	400 – 500 Square Feet.
Upper Basement Hallway, small room.	Grey Duct Insulation.	112 Square Feet.

1 EXCHANGE PLACE, JERSEY CITY, NJ

CONTINUATION SHEET #1

2013 FEB -8 PM 2:06
RECEIVED

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

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 12/13/2012		Name of Building Owner/Operator (2) ONE EXCHANGE JC. LLC							
Agencies Notified	Type Notification	Street Address 1410 COMMON OAKS DRIVE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 RALEIGH, NC 27614							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Christopher Brenner							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HYATT BUILDING		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 1 EXCHANGE PLACE		Square Foot	# of Floors 10						
City (6) JERSEY CITY		Bldg Age							
County (8) HUDSON		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL						
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No.	Name of Abatement Contractor (9) KIELCZEWSKI CORPORATION						
Street Address 20-21 WAGARAW RD		Street Address 235 WATCHUNG AVE							
City, State, Zip Code FAIRLAWN NJ 07410		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm WILLIAM MORALES		Telephone No. 973-636-9145	Telephone No. 973-243-9872						
Start Date (10) 12/17/2012		Scheduled Completion Date (11) 02/08/2012	License No. 01171						
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 SCHNEIDER LABORATORIES GLOBAL							
		Street Address 2512 W. CARY STREET							
		City, State, Zip Code RICHMOND VA 23220							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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	Enclose
Main Building- Ban Vault			X	Floor Tiles and Mastic	240sf	X			
Bank Side- Basement			X	Floor Tile	100sf	X			
Basement across bank vault			X	Pipe Insulation	45lf	X			
1st Floor Hallway			X	Tile and Mastic	275sf	X			
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill TULLYTOWN RESOURCE FACILITY				
City, State LINDEN NJ		Disposal Date		City, State MORISVILLE PA					
Completed by SLAWOMIR KIELCZEWSKI		Title PRESIDENT		Signature <i>Kielcowski</i>		Date 12/13/2012			

Location – Main Building	Material	Approx. Quantity of ACM
Basement 3, Boiler Room – Boiler left of center "Betsy" boiler.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	1,900 Square Feet.
Basement 3, Boiler Room – On top of boiler left of center "Betsy" boiler.	Grey boiler insulation (cylindrical top on top of large left boiler).	900 Square Feet (3" Thick).
Basement 3, Boiler Room – Behind boiler left of center "Betsy" boiler.	White (top layer) and grey (bottom layer) duct insulation.	3,800 Square Feet.
Basement 3, Boiler Room – Center "Betsy" and boiler right of "Betsy".	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler.	1,800 Square Feet (3" Thick).
Basement 3, Boiler Room – On top of boiler left of center "Betsy" boiler.	Grey / brown boiler & wrap insulation (cylindrical top on top of middle "Betsy" & right boiler).	40 Large / Small Elbows.
Basement 3, Boiler Room – Behind center "Betsy" and boiler on right side.	White (top layer) and grey (bottom layer) duct insulation.	2,865 Linear Feet.
Basement 3, Boiler Room – Above all boilers.	Grey / White Elbow Insulation.	2,400 Square Feet.
Basement 3, Boiler Room – Above all boilers.	Grey Pipe Wrap Insulation.	150 Square Feet.
Basement 3, Boiler Room – Above all boilers.	White / Grey Ceiling Insulation.	180 Square Feet.
Basement 3, Boiler Room, next to entrance.	White hot-water-tank (cylinder) wrap insulation.	540 Linear Feet & 98 Elbows.
Basement 3, Main Center Room w/ freight elevator.	White boiler insulation (small boiler).	160 Linear Feet.
Basement 3, Main Center Room w/ freight elevator.	Green, Red & Grey/White Pipe Insulation & Elbow Insulation.	40 Square Feet.
Basement 3, Room Right of Electrical Room.	White / Grey Pipe Insulation.	415 Linear Feet & 50 Elbows.
Sub-Basement, Telephone Equipment Room.	Grey Duct Insulation.	65 Linear Feet & 7 Elbows.
Sub-Basement, Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	60 Linear Feet & 10 Elbows.
Small Room, off of stairwell, left of Telephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	45 Linear Feet & 2 Elbows.
Basement, Electrical Room, Room B1, Electrical Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	25 Square Feet.
Basement, Electrical Panel Room.	Off-White Pipe Insulation.	80 Linear Feet & 12 Elbows.
Basement, Electrical Panel Room.	Black Electrical Panels.	300 Linear Feet & 65 Elbows.
Basement, Meter Room (water room).	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	400 – 500 Square Feet.
Basement, Vent Room.	Grey Air-O-Cell Pipe Insulation (inside debris, inside vent itself) & ceiling.	112 Square Feet.
Basement, Vent Room (exterior lining).	White duct vent lining (assume interior also).	
Upper Basement Hallway, small room.	Grey Duct Insulation.	

1 EXCHANGE PLACE, JERSEY CITY, NJ

CONTINUATION SHEET #1

RECEIVED
FEB -8 PM 2:08

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

D&S Proj. #: MS 13-39

Date of Notification (1) 01/13/13		Name of Building Owner/Operator (2) DEBBIE RYBKA HOWARD	
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 38 SHADYSIDE AVENUE		City, State, Zip Code SUMMIT, NJ	
Name of Contact DEBBIE RYBKA HOWARD		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DEBBIE RYBKA HOWARD			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 38 SHADYSIDE AVENUE			Square Feet		
City (5) SUMMIT			County (6) UNON		County Code (7) (State use only)
Current Use (Prior if being demolished)			# of Floors		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 03/04/13		Sched. Completion Date (11) 03/22/13		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		PIPE INSULATION & FITTINGS	85 LN FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/05/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 01/31/13	

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

D&S Proj. #: MS 13-41

Date of Notification (1) 01/13/13		Name of Building Owner/Operator (2) CHARLES BALDASSARI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 430 GREGORY AVEUE City, State, Zip Code WEEHAWKEN, NJ 07087	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact CHARLES BALDASSARI	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHARLES BALDASSARI			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 430 GREGORY AVEUE			Square Feet		
City (5) WEEHAWKEN			County (6) HUDSON		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 02/12/13		Sched. Completion Date (11) 02/22/13		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	130 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BACK ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	12 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST FLOOR		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/14/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 01/31/13	

004718

D&S Proj. #: MS 13-38

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

RECEIVED

2013 FEB -8 PM 2:08

ADJUTANT GENERAL
& LICENSING

Date of Notification (1) 01/13/13		Name of Building Owner/Operator (2) JOE MCHALE	
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 79 FOREST AVENUE		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact JOE MCHALE		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOE MCHALE			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 79 FOREST AVENUE			Square Feet		
City (5) GLEN RIDGE			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		

Street Address		Street Address 20 California Ave.	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Telephone Number 973-345-8020	
Phone Number		License Number 01169	
Start Date (10) 02/23/13		Sched. Completion Date (11) 02/28/13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			
Name of OSHA Monitor D & S Restoration, Inc.			
Street Address 20 California Avenue			
City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) 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 (4 REGISTERS)		<input checked="" type="checkbox"/>		DUCT INSULATION	6 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/25/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/31/13

Check # 8083

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

Date of Notification (1) 2/05/13		Name of Building Owner/Operator (2) Ronaldo Quispe							
Agencies Notified	Type Notification	Street Address 81 Alexander Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, N.J. 07042							
		Name of Contact Ronaldo Quispe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Quispe		Type of Facility (4)							
Street Address 81 Alexander Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair	Square Feet 1850	# of Floors 3	Bldg. Age +50						
County (6) Essex	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)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 2/14/13		Scheduled Completion Date (11) 3/14/13	Name of OSHA Monitor Omega Environmental Services Inc.						
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:		280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			✓	PIPE INSULATION	175 LF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 2/14/13		City, State Bethlehem, PA 18015					
Completed by Joseph Vocatureo		Title C.O.O.	Signature J. Vocatureo			Date 2/05/13			

Check # 8083

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

RECEIVED
2013 FEB -8 PM 2:08
LICENSING

Date of Notification (1) 2/05/13		Name of Building Owner/Operator (2) SUSAN JOHNSON							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 45 Lowell Rd.							
		City, State, Zip Code Glen Rock NJ 07452							
		Name of Contact SUSAN JOHNSON	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JOHNSON		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 45 LOWELL RD.		Square Feet 7,050	# of Floors 2						
City (5) Glen Rock		Bldg. Age 50+							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 2/15/13	Scheduled Completion Date (11) 3/15/13	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BUSCHMUT			✓	VAT & Mastic	1,721 SF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 10	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 2/15/13		City, State Bethlehem, PA 18015					
Completed by JOSEPH VOGATURO		Title S.O.O.	Signature J. Vogaturo			Date 2/05/13			

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

A. Mac Asbestos

Fax:

Feb 5 2013 04:25pm P001/001
201-202-0021

Check # 8083

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Parent to NJAC 8:26 and 17:26)

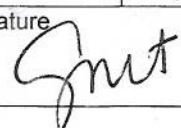
Date of Notification (1) 2/05/13		Name of Building Owner/Operator (2) ELIZABETH NEILAND		APPROVED NJ Dept. of Health & Senior Services Date: 2/5/13 Time: 2:40	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 171 PROSPECT PL City, State, Zip Code RUTHERFORD, N.J. 07070 Name of Contact JOHN CHERUP	
Name of Facility Where Abatement is Taking Place (3) NEILAND				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 171 PROSPECT PL				Square Feet 1,375	
City (5) RUTHERFORD				# of Floors 3	
County (6) BERGEN				Bldg. Age +50	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.				Current Use (Prior if being demolished) RESIDENCE	
Street Address				Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code				Street Address 105 Lowell Road	
Project Manager for Monitoring Firm				City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No.				Telephone No. 201-262-5841	
Start Date (10) 2/06/13				License No. 00156	
Scheduled Completion Date (11) 3/06/13				Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 ft or 23 ft <input checked="" type="checkbox"/> 2100 sf or 2280 ft				City, State, Zip Code Hackensack, NJ 07606	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				Full Containment with Negative Pressure Micro-Enclosure Showering Procedure Non-Permeable (*) and Non-Frangible Penetration	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Routinely Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	
Basement		Yes No N/A		VAT & MASTIC	
				Amount (Specify SF or LF) 1561	
				Abatement Type Removal Repair Enclosure	
Name of Registered Waste Hauler Roric Transport		NJ/DEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1	
City, State Riverton, New Jersey 07457		Disposal Date 2/05/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by Joseph Vercuturo		File C-9-0		City, State Bethlehem, PA 18015	
		Signature J. Vercuturo		Date 2/05/13	

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

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

1301-4601
Check #4944

RECEIVED
2013 FEB -8 PM 2:08
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 2/4/13		Name of Building Owner / Operator (2) Cherry Hill B.O.E.							
Agencies Notified	Type Notification	Street Address 45 Ranoldo Terrace							
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Cherry Hill, NJ 08034							
		Name of Contact John Middleton							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cherry Hill HS East		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 1750 Kresson Rd.		Square Feet	# of Floors						
City (5) Cherry Hill	County (6) Camden	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 9 East Stow Rd.		Street Address PO Box 25							
City, State & Zip Code Marlton, NJ 08053		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guillard		Telephone Number 609-314-1683	License Number 00529						
Scheduled Start Date (10) 2/15/13	Scheduled Completion Date (11) 2/16/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: FRI 4PM start & Saturday daytime <input type="checkbox"/> Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 2/19/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.		Signature 			Date 2/4/13		

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

1206-4508
Check #4912

RECEIVED
2013 FEB -8 PM 2:58
ASBESTOS & LICENSE

Date of Notification (1) 2/4/13		Name of Building Owner / Operator (2) Newark Community Health Centers, Inc.	
Agencies Notified	Type Notification	Street Address 741 Broadway	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Newark, NJ 07107	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact Business Office	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

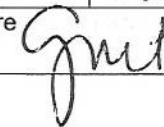
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newark Community Health Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 741 Broadway			Square Feet # of Floors Bldg. Age		
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Health Center		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 120 North Warren Street			Street Address PO Box 25		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Ryan Broadwater		Telephone Number 609-392-4200	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 2/19/13	Scheduled Completion Date (11) 3/29/13		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 3 First & Second Floor				Double Layer floor tile & Mastic	4,600 SF				
Phase 1 North Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	1,220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 North Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Deck	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 1 North Bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Cellar/Basement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Cellar/Basement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall Mounted Tile	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase 2 Cellar/Basement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	235 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste TBD	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 		Date 2/4/13

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

Date of Notification (1) 2 / 7 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive							
		City, State, Zip Code PLano, TX 75024							
		Name of Contact Soy Thomas							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rockaway Town Square		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 305 Mount Hope Avenue									
City (5) Rockaway NJ		Square Feet 150000	# of Floors 2						
		Bldg. Age 75							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino	Telephone No. 908-956-1233	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 2 / 12 / 13	Scheduled Completion Date (11) 3 / 12 / 13	Name of OSHA Monitor Testor Tech							
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 Time of Abatement: ____AM-____PM/10:00PM-6:00AMAM		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
1 ST Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	13200SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Level Joe Fresh Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glue Dots	180SF	<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 120	Name of Registered Landfill Global Waste Industries, Inc.				
City, State Newark NJ		Disposal Date 3/12/13		City, State Hackettstown, NJ					
Completed By (Print or Type) John Tardy	Title Senior Project Manager			Signature <i>John Tardy</i>	Date 2/7/13				

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

Date of Notification (1) 2 / 7 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive							
		City, State, Zip Code PLano, TX 75024							
		Name of Contact Soy Thomas	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 260 Wayne Town Center									
City (5) Wayne	Square Feet 150000	# of Floors 2	Bldg. Age 75						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino	Telephone No. 908-956-1233	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 2 / 11 / 13	Scheduled Completion Date (11) 3 / 11 / 13	Name of OSHA Monitor Testor Tech							
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 Time of Abatement: 10:00AM-6:00AM		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
2nd Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	3755	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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 40	Name of Registered Landfill Global Waste Industries, Inc.				
City, State Newark NJ		Disposal Date 3/11/13		City, State Hackettstown, NJ					
Completed By (Print or Type) John Tardy	Title Senior Project Manager		Signature <i>[Signature]</i>			Date 2/7/13			

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

RECEIVED
2013 FEB -8 PM 2:08
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 2 / 6 / 2013		Name of Building Owner/Operator (2) CSX Corporation							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # / <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Railyard - Car Shop Office Building		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 1150 Newark Turnpike		Square Feet 3375	# of Floors 2 Bldg. Age 30+						
City (5) Kearny	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial						
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Gary Wywra		Telephone No. 732-939-3707	Telephone No. 724-325-3330 License No. 01121						
Start Date (10) 2 / 12 / 2013	Scheduled Completion Date (11) 2 / 15 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Offices & Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Camden, New Jersey		Disposal Date 2/15/2013		City, State Penn Argyl, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support		Signature <i>Jessica Busch</i>		Date 2/6/2013			

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

Check # 1244

Date of Notification (1) 01 / 21 / 13		Name of Building Owner / Operator (2) HOFFMAN LAROCHE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 340 KINGSLAND AVENUE City, State, Zip Code NUTLEY, NJ 07110 Name of Contact BEHRAM IRANI	
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number 2013 FEB -8 PM 2:50 201-221-8014	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HOFFMAN LAROCHE - BLDG 85		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.)	
Street Address 340 KINGSLAND AVENUE		Square Feet 155,000	
City (5) NUTLEY	County (6) ESSEX	County Code (7)	# Of Floors 8
			Building Age 40+
Name of Monitoring Firm Hired by Bldg. Owner (8) TRC		Current Use (Prior if being demolished) OFFICE/RESEARCH	
Street Address 1430 BROADWAY		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
City, State, Zip Code NEW YORK, NY 10018		Street Address 462 Getty Avenue	
Project Mng. For Monitoring Firm EDWARD GERDTS		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 212-221-8014		Telephone Number 973-772-3660	
Sched. Completion Date (11) 03 / 04 / 13 07 / 30 / 13		License Number 00117	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7:00AM-3:00PM		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code Clifton, NJ 07011	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
BUILDING 85	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WATERPROOFING TAR	45.66 CF
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler EPIC TRANSPORTATION		NJDEP Waste Hauler ID No.	Name of Registered Landfill LONE MOUNTAIN
City, State 319 AVE P NEWARK, NJ 07105-4800		Cubic Yards of Waste	City, State WAYNOKA, OK 73860
Disposal Date			
Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER	Signature <i>Steve Stiles</i>
		Date 02/07/13	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED
2013 FEB - 8 PM 2:08
LICENSING DIV.

Date of Notification (1):		Name of Building Owner/Operator (2) Newark Public School						
Agencies Notified	Type Notification	Street Address: 2 Cedar 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 Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, Nj 07102						
		Name of Contact Benjamin T Olagado	Telephone Number:					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3): Cleveland School		Type of Facility (4): <input 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: 388 Bergen Street, Newark, NJ 07103		Square Feet: 100,000 # of Floors: 4						
City (5): Newark	County (6): N.J.	County Code (7): 07106	Bldg. Age: Current Use (Prior if being demolished):					
Name of Monitoring Firm Hired by Building Owner: (8)TTI		ASCM No.:	Name of Abatement Contractor (9): Envirocare Enterprises Inc					
Street Address: 1253 North Church Street		Street Address: 358 Broadway						
City, State, Zip Code: Moorstown, NJ 08057		City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: James A Guilardi		Telephone No.: 856-840-8800	Telephone No.: (973) 732-4225 License No.: 01017					
Start Date (10): 01/18/13	Scheduled Completion Date (11): 01/20/13		Name of OSHA Monitor: JLC Environmental, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe: non-friable asbestos containing building materials		Street Address: 30 West 25 th Street City, State, Zip Code: NYC, NY 10007						
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
Basement		X	Pipe Insulation	35LF	*			
Closet under the stairwell			Pipe insulation	20 lf	*			
By the boiler room,								
Close to custodian office								
Name of Registered Waste Hauler: Newark Carting, Inc.		NJDEP Waste Hauler ID No.: 4506	Cubic Yards of Waste:	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark, NJ 07102		Disposal Date:		City, State: Tullytown, PA 11348				
Completed By: Patrick Nwokeji		Title: Project Manager	Signature: <i>Patrick Nwokeji</i>	Date: 01/8/13				

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1):		Name of Building Owner/Operator (2) Newark Public School							
Agencies Notified	Type Notification	Street Address: 2 Cedar Lane							
<input checked="" type="checkbox"/> DEPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, Nj 07102							
		Name of Contact Benjamin T Olagado							
<div style="text-align: right;">2013 FEB -8 PM 2:06</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3): Lincoln School		Type of Facility (4): <input 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: 87 Richelieu Terrace		Square Feet: 100,000 # of Floors: 3							
City (5): Newark	County (6): N.J.	County Code (7): 07106	Bldg. Age: Current Use (Prior if being demolished):						
Name of Monitoring Firm Hired by Building Owner: (8) TTI		ASCM No.: Name of Abatement Contractor (9): Envirocare Enterprises Inc							
Street Address: 1253 North Church Street		Street Address: 358 Broadway							
City, State, Zip Code: Moorstown, NJ 08057		City, State, Zip Code: Newark, NJ 07104							
Project Manager for Monitoring Firm: James A Guilardi		Telephone No.: 856-840-8800	Telephone No.: (973) 732-6225						
Start Date (10): 01/18/13		License No.: 01017							
Scheduled Completion Date (11): 01/20/13		Name of OSHA Monitor: JLC Environmental, 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: non-friable asbestos containing building materials		Street Address: 30 West 22 nd Street City, State, Zip Code: NYC, NY 10007							
Scope of Work (Check all that apply): <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Basement		X		Pipe Insulation	13 LF	*			
				Ceiling plaster	36 sf	*			
Name of Registered Waste Hauler: Newark Carting, Inc.		NJDEP Waste Hauler ID No.: 4506		Cubic Yards of Waste:	Name of Registered landfill: Tullytown Re. Facility				
City, State: Newark, NJ 07102		Disposal Date:		City, State: Tullytown, PA 11348					
Completed By: Patrick Nwokeji		Title: Project Manager		Signature: <i>Patrick Nwokeji</i>		Date: 01/8/13			

1494 No check

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

Date of Notification (1) 1/29/2013		Name of Building Owner/Operator (2) EDUARDO ALBUQUERQUE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 52-54 PORTE AVENUE		City, State, Zip Code NORTH ARLINGTON NJ 07031	
Name of Contact SAME AS ABOVE		Tel. Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SAVERIO MANGIOLA		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.)	
Street Address 141 SANFORD AVENUE		Sq. Feet \pm 350 # of Floors 2	
City (5) WINDHURST	County (6) BERGEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) WSA CONSTRUCTION INC.	
City, State, Zip Code		Street Address 52-54 PORTE AVENUE	
Project Manager for Monitoring Firm		City, State, Zip Code NORTH ARLINGTON NJ 07031	
Telephone Number		Telephone Number (201) 997-4161	
Scheduled Start Date (10)		License Number	
Scheduled Completion Date (11)		Name of OSHA Monitor	
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 -		Street Address	
Describe		City, State, Zip Code	
Other - Describe			
Source of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input 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 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) Non Friable Roof Shingles	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA X	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Double Bag	Amount (Specify SF or LF) 20 Cubic Yards
Abatement Type		Rem. Rep. Encap. En	
Name of Reg. Waste Hauler CAL CARTING INC.		NJDEP Waste Hauler ID # 09330	
City, State KEARNY, N.J. 07032		Cubic Yards of Waste \pm 20	
Name of Reg. Landfill Grand Central Sanitary		Disp. Date Per 1/64/1	
Completed by (Print or Type) EDUARDO ALBUQUERQUE		Title OWNER	
Signature Saverio Mangiola		Date	

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

Telephone 609-984-6620

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

RECEIVED
2013 FEB -8 PM 2:58

Date of Notification (1) 2/4/2013		Name of Building Owner/Operator (2) ANTONIA MANGOLA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	Street Address 65 ALBERT ST	
		City, State, Zip Code NORTH ARLINGTON, NJ 07032	
		Name of Contact EDUARDO ALBEQUERQUE	Tel. Number

Name of Facility Where Abatement is Taking Place (3) MANGOLA - PRIVATE HOME			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 bldgs., homes, etc.)	
Street Address 141 Sanford Avenue			Sq. Feet + 350 # of Floors 2	
City (5) LYNDHURST	County (6) Bergen	County Code (7) (State Use Only)	Bldg. Age + 80 years	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Contractor (9) LUSA Construction	

Street Address 52-54 POZZO AVENUE		Street Address 52-54 POZZO AVENUE	
City, State, Zip Code NORTH ARLINGTON NJ 07031		City, State, Zip Code NORTH ARLINGTON NJ 07031	
Project Manager for Monitoring Firm	Telephone Number 201-997-7161	Telephone Number 201-997-7161	License Number
Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
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 -		Street Address	
Describe Preparing for Demolition		City, State, Zip Code	
Other - Describe			
Source of Work (Check all that apply)			

<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure				Amount (Specify SF or LF)		Abatement Type	
Location of Asbestos-Containing Material (ACM) in Facility (13) ROOF	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Double BAG	+ 20 Cubic yards		Rem. Rep. Encap E		
NON FRABLE ROOF SHINGLES							

Name of Reg. Waste Hauler Calo Carting Inc.	NJDEP Waste Hauler ID # 09330	Cubic Yards of Waste + 20 Cubic yards	Name of Reg. Landfill Grand Central Sanitary
City, State REARNEY NJ 07032	Disp. Date	City, State NEWARK NJ	
Completed by (Print or Type) ANTONIA MANGOLA	Title PROPERTY OWNER	Signature Antonia Mangola	Date 2/4/2013

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

Telephone 609-984-6620

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9/18/00

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

Check # 7396

Date of Notification (1) February 6, 2013		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	1345 Chews Landing Road City, State & Zip Code Laurel Springs, NJ 08021 Name of Contact Dino Nappi	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 1345 Chews Landing Road		Square Feet 6,000	# of Floors 1
City (5) Laurel Springs		Bldg. Age 58	
County (6) Camden		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) February 16, 2013	Scheduled Completion Date (11) March 1, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 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 checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teller Line Area			X	Vinyl Flooring and Mastic	250 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date March 4, 2013	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date February 6, 2013

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

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

Check # 7397

Date of Notification (1) February 6, 2013		Name of Building Owner / Operator (2) Bank of America	
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"/> Cancellation	Street Address 470 North Delsea Drive	
		City, State & Zip Code Vineland, NJ 08360	
		Name of Contact Dino Nappi	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 470 North Delsea Drive		Square Feet 4,000	# of Floors 2
City (5) Vineland		Bldg. Age 60	
County (6) Cumberland		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 856-482-1311		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) February 16, 2013	Scheduled Completion Date (11) March 1, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

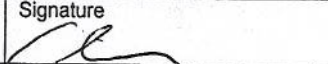
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teller Line and 1st & 2nd Floor Stairwell Landings			X	Cove Base Mastic	165 LF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date March 4, 2013		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date February 6, 2013	

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

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

CK 3009 RECEIVED
2013 FEB -8 PM 2:08
& LICENSE CONTROL

Date of Notification (1) 2/6/13		Name of Building Owner/Operator (2) Vinnie Renz / Private Home							
Agencies Notified	Type Notification	Street Address 4 West Scott Dr.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Holgate NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Vinnie							
<div style="text-align: right;">Telephone Number _____</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vinnie Renz / Private Home		Type of Facility (4)							
Street Address 4 West Scott Dr.		<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) Holgate NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home							
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 08008							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
			License No. 00727						
Start Date (10) 2/19/13	Scheduled Completion Date (11) 2/25/13	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 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 2/25/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/6/13		

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

APPROVED
 Dept. of Health & Senior Services
Jan C. Horner
 (signature)
 Date: 2/4/13 Time: 2:05 PM

DATE OF NOTIFICATION (1)
2-4-2013

NAME OF BUILDING OWNER/OPERATOR (2)
R. Di DONATO

AGENCY NOTIFIED
☐ EPA
☐ DEP
☐ DOL
☒ DOH
☐ DCA

TYPE NOTIFICATION
☐ Initial
☐ Amended
☐ Amendment to
☒ Emergency (including
 notification)
☐ Construction

STREET ADDRESS
20 AMHERST COURT

CITY, STATE, ZIP CODE
MAPLEWOOD, N.J. 07040

NAME OF CONTACT
R. Di DONATO

TELEPHONE NUMBER

FACILITY INFORMATION

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)
R. Di DONATO

STREET ADDRESS
20 AMHERST COURT

CITY (5)
MAPLEWOOD

COUNTY (6)
ESSEX COUNTY

COUNTY CODE (7) (STATE USE ONLY)

TYPE OF FACILITY (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings,
 houses, etc.)

SQUARE FEET
2200

OF FLOORS
2

Bldg. Age
75 YRS

Current Use (Prior if being demolished)
RESIDENCE

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)

ASCM NO.

NAME OF ABATEMENT CONTRACTOR (9)
Best Removal Inc

STREET ADDRESS
450 S. River St

CITY, STATE, ZIP CODE
Hackensack, N.J. 07601

PROJECT MANAGER FOR MONITORING FIRM

TELEPHONE NO.
201-329-7444

LICENSE NO.
00388

START DATE (10)
2-7-2013

SCHEDULED COMPLETION DATE (11)
2-8-2013

NAME OF OSHA MONITOR
Omega Environmental Inc.

STREET ADDRESS
280 Huyler St

CITY, STATE, ZIP CODE
South Hackensack, N.J. 07606

OCCUPANCY STATUS DURING ABATEMENT (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 8 AM 5 PM

SCOPE OF WORK (Check all that apply)
☒ 2 or 2.5 ft
☐ 2.5 ft or 2.6 ft
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Full Enclosure
☐ Glovebag Procedure
☐ Non-Encapsulated (*) and Non-Fixable Procedure

Location of Asbestos-Containing Material (ACM) to be Abated (13)	Is Location Notified Listed Solely by Material Controlled Status (12)			Description of Asbestos Containing Material (ACM) (i.e. Thermal system insulation, gutting, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<u>BASEMENT</u>			<u>X</u>	<u>THERMAL INSULATION</u>	<u>86 LF</u>	<u>X</u>		

NAME OF REGISTERED WASTE HANDLER
Best Removal Inc

NJDEP Waste Handler ID No.
17109

CUBIC YARDS OF WASTE
3/4 YD

NAME OF REGISTERED LANDFILL
Minerva Enterprises

CITY, STATE
Hackensack, N.J. 07601

DISPATCH DATE
2-8-13

CITY, STATE
Waynesburg, Oh

COMPLETED BY
R. Veldran

ESTIMATOR
R. Veldran

DATE
2-4-2013

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

Date of Notification (1) 02/05/13 CK# 2480 \$200		Name of Building Owner/Operator (2) Olive Tree Child Care Center							
Agencies Notified	Type Notification	Street Address 314 Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, New Jersey 07003							
		Name of Contact Jackie	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Olive Tree Day Care Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 314 Broad Street		Square Feet 10,000	# of Floors 2						
City (5) Bloomfield, New Jersey 07003		Bldg. Age 55+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Day Care							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 3 Crosswicks Street		Street Address 606 McBride Avenue							
City, State, Zip Code Bordentown, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 02/22/13	Scheduled Completion Date (11) 02/24/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 6pm Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic Storage Area	X			Clean up Asbestos Debris	180 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 02/25/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 02/05/13			

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

Check # **1394**

RECEIVED
2013 FEB -8 PM 2:08
ATMOSPHERIC CONTROL & LICENSING

Date of Notification (1) February 5, 2013		Name of Building Owner / Operator (2) 360 Sylvan Associates	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	580 Sylvan Avenue, Suite M-E City, State & Zip Code Englewood Cliffs, NJ 07632	
		Name of Contact	Telephone Number


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) US Post Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 360 Sylvan Avenue		Square Feet 30,000	# of Floors 1
City (5) Englewood Cliffs		Bldg. Age 50	
County (6) Bergen		Current Use (Prior if being demolished) Post Office	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	
Street Address 16 West Elizabeth Avenue		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Linden, NJ 07036		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Kelly Walton		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-862-4301		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) February 5, 2013	Scheduled Completion Date (11) March 1, 2013	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			x	Floor Tiles	4.5 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste <1	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date March 4, 2013		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date February 5, 2013	

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

Date of Notification (1) 02/05/13 CK# 2481 \$200		Name of Building Owner/Operator (2) Wall Township Public Schools							
Agencies Notified	Type Notification	Street Address 1620 18th Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall, New Jersey 07719							
		Name of Contact Terri Somers	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Mill School		Type of Facility (4)							
Street Address 2119 Old Mill Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Sea Girt, New Jersey 08750		Square Feet 20,000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 55+						
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 609-298-5520	License No. 01104						
Start Date (10) 02/15/13	Scheduled Completion Date (11) 02/17/13	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am Start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stage foyer		X		Elbows	4	X			
Stage foyer		X		VAT & Mastic	50 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 02/18/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 02/05/13			

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

Check #
8489

Date of Notification (1) 2-6-13		Name of Building Owner/Operator (2) Noelio Mercado	
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 400 Bound Brook Road	
		City, State, Zip Code Middlesex NJ 08846	
		Name of Contact Noelio Mercado	Telephone Number _____

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 400 Bound Brook Road		Square Feet	# of Floors 2
City (5) Middlesex NJ 08846		Bldg. Age 60 yr	
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	Telephone No. 609 758-3365	License No. 00394
Start Date (10) 2-18-13	Scheduled Completion Date (11) 2-19-13		Name of OSHA Monitor EPC 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 <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	

Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> 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 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		X		Pipe Insulation	400 LF	X			
				Floor Tile	100 SF	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 New Egypt NJ		Disposal Date 2-19-13	City, State Morrisville PA		
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 2-6-13

Check #
8490

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

Date of Notification (1) 2-6-13		Name of Building Owner/Operator (2) Ian Sykes							
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 112 West Broad Street							
		City, State, Zip Code Hopewell NJ 08533							
		Name of Contact Ian Sykes							
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 112 West Broad Street		Square Feet	# of Floors 2						
City (5) Hopewell NJ 08525		Bldg. Age 75+							
County (6) Mercer		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 2-20-13	Scheduled Completion Date (11) 2-21-13		Name of OSHA Monitor EPC 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 <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement/crawlspace	X			Pipe Insulation	140 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management					
City, State New Egypt NJ		Disposal Date 2-21-13		City, State Moansville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 2-6-13			

Check # 8488

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

Date of Notification (1) 2-6-13		Name of Building Owner/Operator (2) American Construction							
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 10 Kristin Court City, State, Zip Code Somerset NJ 08873							
		Name of Contact Joe Zavadnick	Telephone Number 8488						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Office/Warehouse		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 100 Frontage Road		Square Feet	# of Floors 1						
City (5) Newark, NJ 07114		Bldg. Age 60+							
County (6) Essex	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) 2-16-13	Scheduled Completion Date (11) 2-18-13	Name of OSHA Monitor EPC Technologies							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Bathroom (Only)	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) 100 LF	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
	X			Pipe Insulation	100 LF	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 New Egypt NJ		Disposal Date 2-19-13		City, State Monroeville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 2-6-13			

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

Date of Notification (1) Feb 1 2013		Name of Building Owner/Operator (2) William Hooper							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> UOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment & Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 33 Woodside Terrace	City, State, Zip Code West Orange NJ 07092						
		Name of Contact William Hooper							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Shore House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)							
Street Address 107 West Bay View Drive		Square Feet	# of Floors						
City (5) Lavallette NJ 08753			Bldg. Age 60+-						
County (6) Ocean		County Code (7) (STAT USE ONLY)	Current Use (Prior if being demolished) Single Family Shore house						
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) 2-4-13	Scheduled Completion Date (11) 2-6-13		Name of OSHA Monitor EPC Technologies						
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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Erigit 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 Walls			X	Siding Shingles	900 SF	X			
Inside Front half		X		9x9 Floor Tiles	200 SF				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 2-6-13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 2-1-13			

ASB-41 (R-06-08)

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

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

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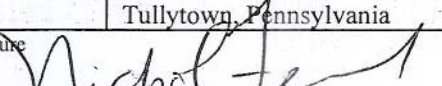
Date of Notification (1) 2-6-13		Name of Building Owner/Operator (2) Karen Lorbalestrier							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1136 Dorsey Place							
		City, State, Zip Code Plainfield NJ 07062							
		Name of Contact Karen Lorbalestrier	Telephone Number						
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 1136 Dorsey Place		Square Feet	# of Floors						
City (5) Plainfield NJ 07062			Bldg. Age 75+-						
County (6) Union	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) 2-26-13	Scheduled Completion Date (11) 3-1-13	Name of OSHA Monitor EPC 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 <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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace	<input checked="" type="checkbox"/>			Pipe Insulation	100 LF	<input checked="" type="checkbox"/>			
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 New Egypt NJ		Disposal Date 3-1-13	City, State Monroeville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker				Date 2-6-13		

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

Date of Notification (1) February 5, 2013		Name of Building Owner/Operator (2) Zarrilli Homes	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	186 Mantoloking Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Brick, New Jersey 08723	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Rich Zarrilli	

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Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 424 Main Street			<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.)					
City Manasquan	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 1200 sf	# 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 Route 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) 2/6/13			
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor E.M.S.L. Analytical		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input 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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)	YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
							R E M O V E M E N T	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 transite panels	10 sf	X			
1 st floor		X			Fireplace insulation	25 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 2/7/13		City, State Tullytown, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 				Date 2/5/2013		

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

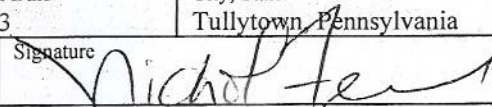
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 2/5/2013		Name of Building Owner/Operator (2) Silverline Construction	
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 19 High Street City, State, Zip Code Lakewood, New Jersey 08701 Name of Contact Yossi Jacobowitz 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 117 Melville Avenue			Square feet 1000 sf		
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 2/5/13		Scheduled Completion Date (11) 2/6/13		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
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 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Exterior		X		Asbestos siding	800 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 1/11/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/5/2013

*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)

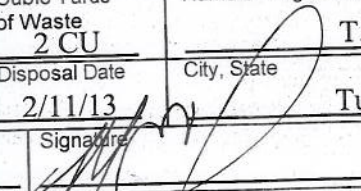
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Date of Notification (1) <u>2/6/13</u>		Name of Building Owner/Operator (2) <u>Mr. Harold Cotler</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>306 Monmouth Ave.</u>	
		City, State, Zip Code <u>Bradley Beach, NJ 07720</u>	
		Name of Contact <u>Harold Cotler</u>	Telephone Number _____


FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>306 Monmouth Ave.</u>		Square Feet <u>2500</u>	# of Floors <u>2</u>
City (5) <u>Bradley Beach, NJ 07720</u>		Bldg. Age <u>75</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>2/8/13</u>	Scheduled Completion Date (11) <u>2/11/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

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

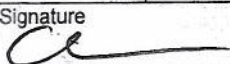
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>65 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>2/11/13</u>	City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/6/13</u>

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 2-6-13		Name of Building Owner/Operator (2) America Debut						
Agency 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 2 English Ln						
		City, State, Zip Code Egg Harbor Twp NJ						
		Name of Contact Barnard						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 16 N Decatur Ave		Square Feet 2000	# of Floors 2					
City (5) Margate NJ		Bldg. Age 70						
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ani Joz					
Street Address			Street Address 1212 Burlington Ave					
City, State, Zip Code			City, State, Zip Code Delanco NJ 08075					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609 846 0916					
			License No. 01070					
Start Date (10) 2-16-13		Scheduled Completion Date (11) 2-29-13						
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:		Name of OSHA Monitor Self						
Street Address								
City, State, Zip Code								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
outside				Siding (ACM)	2500 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler J Robinson Waste		NJDEP Waste Hauler ID No. 28628	Cubic Yards of Waste 5	Name of Registered Landfill WM of Pa				
City, State Bellmawr NJ		Disposal Date TBD	City, State Tullytown Pa					
Completed by Joe Hill		Title VP	Signature 		Date 2-6-12			

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

Date of Notification (1) 2/6/13		Name of Building Owner/Operator (2) Weonah Fire Department							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 South West Avenue							
		City, State, Zip Code Wenonah, NJ 08090							
		Name of Contact Tom							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Weonah Fire Department		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 14 South West Avenue		Square Feet 1000+	# of Floors 2						
City (5) Wenonah, NJ 08090		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN 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) 2/7/13	Scheduled Completion Date (11) 2/8/13	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 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
Bathroom			x	Floor tile / Mastic	25 SF	x			
next to bathroom			x	Transite Board	32 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 2/8/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/6/13		

CHECK #
2631

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

RECEIVED
2013 FEB -8 PM 2:08
LICENSING 1001

Date of Notification (1) <u>2/6/13</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 Rt. 50</u>				
		City, State, Zip Code <u>GREENFIELD, N.J.</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>404 N. LANCASTER AVE.</u>		Square Feet	# of Floors			
City, State, Zip Code <u>MANATE</u>		Bldg. Age				
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>		ASCM No.				
Street Address		Name of Abatement Contractor (9) <u>KLEMM INC.</u>				
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>				
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Telephone No.		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>			
Start Date (10) <u>2/20/13</u>	Scheduled Completion Date (11) <u>2/27/13</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 checked="" type="checkbox"/> 2315 SF or 25 II <input checked="" type="checkbox"/> 2160 SF or 2260 II <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1400#</u>	Abatement Tax		
				Removal	Repair	Encapsulation
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMM INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>A.C.U.A.</u>		
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>			
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>2/6/13</u>			