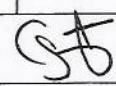
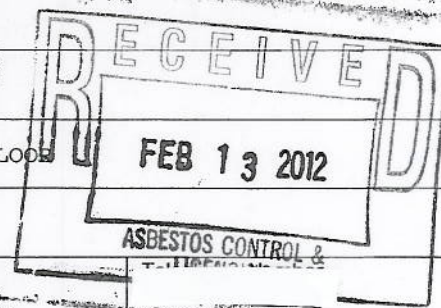


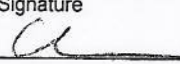
54772

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

Date of Notification (1) 02-08-2012		Name of Building Owner/Operator (2) JP MORGAN CHASE BANK, NA							
Agencies Notified	Type Notification	Street Address 575 WASHINGTON BLVD 14TH FLOOR							
<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 JERSEY CITY, NJ 07310							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact DAMIANO ALBANESE							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER WAWA CONVENIENCE STORE		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 744 LACEY ROAD		Square Feet 3,000	# of Floors 1						
City (5) FORKED RIVER		Bldg. Age 50							
County (6) OCEAN COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) THE LOUIS BERGER GROUP		ASCM No.	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 199 WATER STREET 23RD FLOOR		Street Address 11-02 QUEENS PLAZA SOUTH							
City, State, Zip Code NEW YORK, NY 10038		City, State, Zip Code LONG ISLAND CITY, NY 11101							
Project Manager for Monitoring Firm CRAIG NAPOLITANO		Telephone No. 212-612-7900	License No. 00853						
Start Date (10) 2/20/2012	Scheduled Completion Date (11) 3-15-2012	Name of OSHA Monitor ROLLAND BARNHART							
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 21 PERRINE AVENUE							
		City, State, Zip Code SOUTH AMBOY, NJ 08879							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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
ROOF		X		TAR	3,500 SF	X			
Name of Registered Waste Hauler ATC ASSOCIATES		NJDEP Waste Hauler ID No. 44644PA	Cubic Yards of Waste 40 CUBIC YARDS	Name of Registered Landfill MINERVA ENTERPRISES					
City, State SHIRLEY, NY			Disposal Date 3-15-2012	City, State WAYNESBURG, OH					
Completed by ARIC DOMOZICK		Title VP BUSINESS OPERATIONS	Signature 	Date 02/08/2012					



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

Date of Notification (1) 2/8/12		Name of Building Owner/Operator (2) Lisa & George Wachter / Residence							
Agencies Notified	Type Notification	Street Address 377 North 3rd Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact George							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lisa & George Wachter / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 377 North 3rd Street		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/20/12	Scheduled Completion Date (11) 2/24/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3600 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 2/24/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 2/8/12		

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

Date of Notification (1) 02-09-2012		Name of Building Owner/Operator (2) Roger Poral		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 13 2012 Telephone Number </div>					
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"/> Emergency (including justification) <input type="checkbox"/> Cancellation						902 Roslyn Road	
								City, State, Zip Code Ridgewood, NJ 07450	
				Name of Contact Ben					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residential Home for Demo					Type of Facility (4)				
Street Address 902 Roslyn Road					<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.)				
City (5) Ridgewood					Square Feet 2000 SF	# of Floors 2	Bldg. Age 50+		
County (6) Bergen			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House for Demo				
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC				
Street Address n/a			Street Address 22 Troy Lane						
City, State, Zip Code n/a			City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm n/a			Telephone No. n/a		Telephone No. 973-706-7950		License No. 01088		
Start Date (10) 02-18-2012		Scheduled Completion Date (11) 02-21-2012		Name of OSHA Monitor Jadar Contracting, LLC					
Occupancy Status During Abatement (Check Only One)					Street Address 22 Troy Lane				
<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 Lincoln Park, NJ 07035				
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"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			×	Linoleum	100 SF	✓			
Ground Floor			×	Mastic	1000 SF	✓			
Name of Registered Waste Hauler Jadar Contracting, LLC			NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S. Landfill		
City, State Lincoln Park, NJ 07035			Disposal Date TBD		City, State Morrisville, PA 19067				
Completed by Lillie Lazarevich			Title Secretary		Signature <i>Lillie Lazarevich</i>		Date 02-09-2012		

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

Check # 1298

Date of Notification (1)

02/09/2012

Agency Notified	Type Notification
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation

Name of Building Owner/Operator (2)

Dean Snider

Street Address

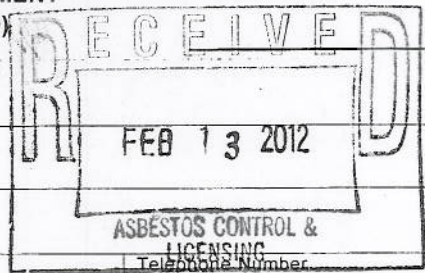
75 Jackson Street

City, State, Zip Code

Freehold, NJ 07728

Name of Contact

Dean Snider



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

75 Jackson Street

City (5)

Freehold, NJ 07728

County (6)

Monmouth

County Code (7) (STATE USE ONLY)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

02/19/2012

Scheduled Completion Date (11)

02/20/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	110 LF	x			

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

Completed by

N. Jevtic
ASB-41

Title

Owner

Signature


Dean Snider

Date

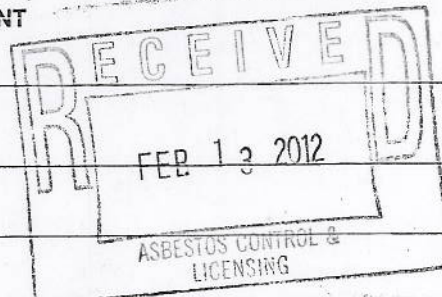
02/09/2012

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 02 / 09 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross Chomik Telephone Number ASBESTOS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Quad Building Sections 3 & 4 (2nd & 3rd Floor & Attic)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 67 Whippany Road		Square Feet 500,000	# of Floors 3						
City (5) Whippany		Bldg. Age 54 years							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 01 / 23 / 12	Scheduled Completion Date (11) 05 / 23 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive, Ste A City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 & 3rd Floor and Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	14,170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd & 3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	162,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd & 3rd Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	1,170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd & 3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Baseboard and Mastic	21,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler No.1-Gary W. Gray Trucking Inc No.2-R.Holmes & Sons		NJDEP Waste Hauler ID No. 09369/10464	Cubic Yards of Waste 1100	Name of Registered Landfill (1)G.R.O.W.S North Landfill (2)Grand Central Sanitary Landfill					
City, State (1)Delaware, NJ (2)Tobyhanna, PA		Disposal Date 5/23/2012		City, State (1)Morrisville, PA (2)Pen Argyl, PA					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 	Date 2-9-12					

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

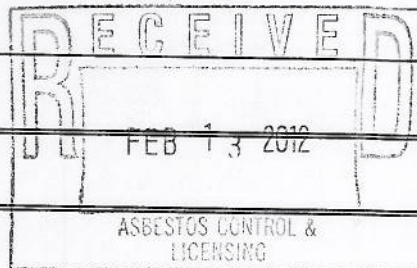


Date of Notification (1) 01 / 13 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue							
		City, State, Zip Code Mountain Lakes, NJ 07046							
		Name of Contact Ross Chomik	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Quad Building Sections 3 & 4 (3rd Floor & Attic)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 67 Whippany Road		Square Feet 500,000	# of Floors 3						
City (5) Whippany		Bldg. Age 54 years							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00411						
Start Date (10) 01 / 23 / 12	Scheduled Completion Date (11) 05 / 23 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 2 Henderson Drive, Ste A							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor and Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	7,800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	98,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 600	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 5/23/2012		City, State Waynesburgh OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 			Date 1-13-12		

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

D&S Proj. #: MS 12-61

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) EDWARD KELLER	
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 214 MONTICELLO STREET		City, State, Zip Code UNION, NJ 07083	
Name of Contact EDWARD KELLER		Telephone Number	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) EDWARD KELLER			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 214 MONTICELLO STREET			Square Feet		
City (5) UNION			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	
				License Number 00159	
Start Date (10) 02/20/12		Sched. Completion Date (11) 03/09/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<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)	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 (ABOVE METER & CABINET)		<input checked="" type="checkbox"/>		PIPE INSULATION	52 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	8 L FT	<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 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 02/21/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/08/12	

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

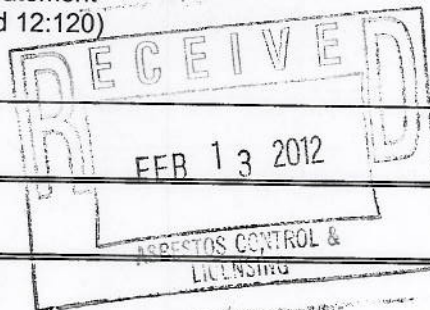
CL# 2223

Date of Notification (1) 2 / 9 / 12		Name of Building Owner/Operator (2) Morris Elm LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 13 2012 ASR Telephone Number </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 41 Elm St., Suite 1C			
		City, State, Zip Code Morristown, NJ 07960				Name of Contact Shaun Mekkawy			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Regency on Elm				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 41 Elm St.									
City (5) Morristown				Square Feet 70,000	# of Floors 5				
				Bldg. Age 50+					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3370 Progress Dr				Street Address 1123 BEAVER STREET					
City, State, Zip Code Bensalem, PA 19020				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mike Panapresso		Telephone No. 215-244-1300		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 2 / 23 / 12		Scheduled Completion Date (11) 2 / 27 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM PM-____AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Brian Scaffiro		Title Estimator		Signature <i>Brian Scaffiro / jl</i>			Date 2/9/12		

0034110

D&S Proj. #: MS 12-58

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



Date of Notification (1) 10/12/10 17/11/12		Name of Building Owner/Operator (2) BERNADETTE LYNCH	
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 34 RIGGS PLACE	
		City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact BERNADETTE LYNCH	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BERNADETTE LYNCH			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 34 RIGGS PLACE			Square Feet # of Floors Bldg. Age		
City (5) SO. ORANGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 02/21/12	Sched. Completion Date (11) 03/02/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<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 checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	32 L FT	<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"/>

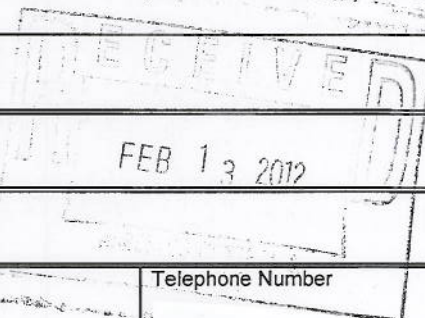
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/21/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/07/12

003419

D&S Proj. #: MS 12-59

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

Date of Notification (1) 02/11/12		Name of Building Owner/Operator (2) TRICIA GALLAGHER	
Agencies Notified	Type Notification	Street Address 22 8TH AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code SEASIDE PARK, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JIM DALLAS	
<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) TRICIA GALLAGHER			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 22 8TH AVENUE			Square Feet		
City (5) SEASIDE PARK			County (6) MONMOUTH	County Code (7) (State use only)	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 00159	
Start Date (10) 02/22/12	Sched. Completion Date (11) 03/02/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

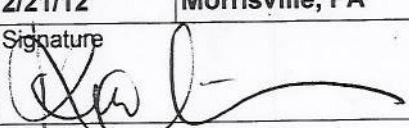
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		DUCT INSULATION	50 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 02/23/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/07/12

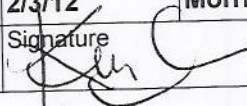
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1201-1620
Check #: 2573

Date of Notification (1) 2/9/12		Name of Building Owner / Operator (2) Mr. Edward and Mrs. Caroline Minto		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 13 2012 ASBESTOS CONTROL & LICENSING </div>						
Agencies Notified		Street Address								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		205 Wyndom Lane City, State & Zip Code Radnor, PA 19087								
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Name of Contact Jim Christaldi								
		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4)						
Street Address 109 North 34th Street				<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) Longport		County (6) Atlantic		Square Feet 1600	# of Floors 2					
County Code (7)				Bldg. Age 45 years						
Name of Monitoring Firm Hired by Building Owner (8) NA				Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address				Street Address						
City, State & Zip Code				City, State & Zip Code						
Project Manager for Monitoring Firm				Telephone Number 609-702-0400	License Number 00862					
Scheduled Start Date (10) 2/20/12				Scheduled Completion Date (11) 2/21/12						
Name of OSHA Monitor EMSL Analytical										
Occupancy Status During Abatement (Check only one)				Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area				107 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 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 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
Exterior		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Shingles	1,100 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"/>
		<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 Horizon Disposal		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste 4	Name of Registered Landfill GROWS					
City, State Trenton, NJ				Disposal Date 2/21/12	City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.		Signature 				Date 2/9/12		

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

Job #: 1201-1617
Check #: NA

Date of Notification (1) 1/18/12		Name of Building Owner / Operator (2) Alma Realty/George Valiotis		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 13 2012 ASBESTOS CONTROL & LICENSING </div>					
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 checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address 31-10 37th Avenue			
						City, State & Zip Code L.I.C., NY 11101			
						Name of Contact Mr. George Valiotis			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Property				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 44 Beech Street				<div style="display: flex; justify-content: space-between;"> <div>Square Feet 192,069</div> <div># of Floors Bldgs. 1,2,3,5-3 floors Bldgs. 4,6-4 floors</div> <div>Bldg. Age 1915</div> </div>					
City (5) Paterson	County (6) Passaic	County Code (7)		Current Use (Prior if being demolished) Vacant Buildings					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 West Elizabeth Avenue				Street Address 3859 Sylon Blvd.					
City, State & Zip Code Linden, NJ 07036				City, State & Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301		Telephone Number 609-702-0400					
License Number 00862									
Scheduled Start Date (10) 1/31/12		Scheduled Completion Date (11) 2/3/12		Name of OSHA Monitor EMSL 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area				Street Address 107 Haddon Ave.					
				City, State & Zip Code Westmont, NJ 08108					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building #7-2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #1-1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7-4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste 10		Name of Registered Landfill GROWS			
City, State Trenton, NJ		Disposal Date 2/3/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.		Signature 		Date 1/27/12			

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

Job #: 1201-1618
Check #: NA

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 checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Name of Building Owner / Operator (2) Mrs. Nancy Harisiades Street Address 69 Red Hill Road City, State & Zip Code Princeton, NJ 08540 Name of Contact Nancy H.	
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RECEIVED

FEB 13 2012

ASBESTOS CONTROL & LICENSING


FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 69 Red Hill Road City (5) Princeton			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.) <table style="width:100%; border: none;"> <tr> <td style="border: none;">Square Feet</td> <td style="border: none;"># of Floors</td> <td style="border: none;">Bldg. Age</td> </tr> <tr> <td style="border: none;">1400</td> <td style="border: none;">2</td> <td style="border: none;">61 years</td> </tr> </table> Current Use (Prior if being demolished) Residential Property		Square Feet	# of Floors	Bldg. Age	1400	2	61 years
Square Feet	# of Floors	Bldg. Age								
1400	2	61 years								
County (6) Mercer	County Code (7)	Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 316 City, State & Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Dave or Steve Flanigan Telephone Number 856-848-0800								
Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address 3859 Sylon Blvd. City, State & Zip Code Hainesport, NJ 08036 Telephone Number 609-702-0400 License Number 00862		ASCM No. Name of OSHA Monitor EMSL Analytical Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108								
Scheduled Start Date (10) 2/6/12		Scheduled Completion Date (11) 2/10/12								
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 <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area										
Scope of Work (Check all that apply) <table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf </td> <td style="width:33%; vertical-align: top;"> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </td> <td style="width:34%; vertical-align: top;"> <input checked="" type="checkbox"/> Criticals with Negative Pressure, HEPA vacuums & 3-stage decon <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure </td> </tr> </table>					<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Criticals with Negative Pressure, HEPA vacuums & 3-stage decon <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Criticals with Negative Pressure, HEPA vacuums & 3-stage decon <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure								

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite Insulation	1,250 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"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 6	Name of Registered Landfill GROWS City, State Morrisville, PA
City, State Trenton, NJ		Disposal Date 2/18/12	Date 2/7/12
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature

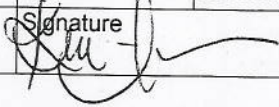
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1201-1617
Check #: NA

Date of Notification (1) 1/18/12		Name of Building Owner / Operator (2) Alma Realty/George Valiotis		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 13 2012 ASBESTOS CONT. LICENSING </div>					
Agencies Notified	Type Notification	Street Address 31-10 37th Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code L.I.C., NY 11101							
		Name of Contact Mr. George Valiotis							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Property			Type of Facility (4)						
Street Address 44 Beech Street			<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) Paterson	County (6) Passaic	County Code (7)	Square Feet 192,069	# of Floors Bldgs. 1,2,3,5-3 floors Bldgs. 4,6-4 floors	Bldg. Age 1915				
			Current Use (Prior if being demolished) Vacant Buildings						
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 16 West Elizabeth Avenue		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-702-0400		License Number 00862				
Scheduled Start Date (10) 1/31/12	Scheduled Completion Date (11) 2/3/12		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one)			Street Address 107 Haddon Ave.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Negative Pressure Enclosure (Floor Tile) <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures (Pipe Insulation) <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Building #7-2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #1-1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7-4th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 2/3/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 			Date 2/1/12			

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

Job #: 1201-1617
Check #: NA

Date of Notification (1) 1/18/12		Name of Building Owner / Operator (2) Alma Realty/George Valiotis							
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 checked="" type="checkbox"/> Amended #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED FEB 13 2012 ASBESTOS CONTROL & LICENSING </div> Street Address 31-10 37th Avenue City, State & Zip Code L.I.C., NY 11101 Name of Contact Mr. George Valiotis							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Property		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 44 Beech Street		Square Feet 192,069	# of Floors Bldgs. 1,2,3,5-3 floors Bldgs. 4,6-4 floors						
City (5) Paterson	County (6) Passaic	County Code (7)	Bldg. Age 1915						
		Current Use (Prior if being demolished) Vacant Buildings							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 16 West Elizabeth Avenue		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-702-0400						
License Number 00862									
Scheduled Start Date (10) 1/31/12	Scheduled Completion Date (11) 2/6/12	Name of OSHA Monitor EMSL 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 Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area		Street Address 107 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Negative Pressure Enclosure (Floor Tile) <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures (Pipe Insulation) <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Building #7-2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #1-1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (wrap & cut Methodology)	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building #7-4 th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (glove bag procedure)	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 2/6/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 	Date 2/2/12					

003417

D&S Proj. #: MS 12-57

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

FEB 7 2012 11:20AM F001/001

APPROVED
NJ Dept. of Health & Senior Services
Date: 2/7/12 Time: 10:24PM

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) JOSEPHINE KASCIK	
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 117 HARTLEY AVENUE		City, State, Zip Code HAMILTON, NJ 08610	
Name of Contact JOSEPHINE KASCIK		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPHINE KASCIK			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 117 HARTLEY AVENUE			Square Feet # of Floors Bldg. Age		
City (5) HAMILTON	County (6) MERCER	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 02/10/12		Sched. Completion Date (11) 02/17/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input 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 o m o v e	R e p a i r	E n c a p	F i n i s h
	Yes	No	N/A						
BASEMENT		X		FURNACE INSULATION	44 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 02/13/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 02/06/12

ASB-41 * Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: MS 12-57

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) JOSEPHINE KASCIK	
Agencies Notified	Type Notification	Street Address 117 HARTLEY AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code HAMILTON, NJ 08610	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JOSEPHINE KASCIK	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSE	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	FEB 13 2012	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPHINE KASCIK			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 117 HARTLEY AVENUE			Square Feet		
City (5) HAMILTON			County (6) MERCER		# of Floors
			County Code (7) (State use only)		Bldg. Age
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		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 02/10/12		Sched. Completion Date (11) 02/17/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		FURNACE INSULATION	44 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 02/13/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/06/12

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

1112-4427

Check #3782

Date of Notification (1) 2/6/12		Name of Building Owner / Operator (2) NJ Department of Corrections							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 13 2012 ASBESTOS CONTROL LICENSING </div>						
	Street Address Whittlesey Rd. PO Box 863		Telephone Number						
	City, State & Zip Code Trenton, NJ 08625-0863								
	Name of Contact Joseph May								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden State Youth Correctional Facility		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 98 Highbridge Rd.		Square Feet	# of Floors						
City (5) Yardville	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Correctional Facility							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 344 West State Street		Street Address PO Box 25							
City, State & Zip Code Trenton, NJ 08618		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber		Telephone Number 609-656-8101	License Number 00529						
Scheduled Start Date (10) 3/19/12	Scheduled Completion Date (11) 3/23/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 18108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <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
Reception Visiting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical Plaster	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception Visiting Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	40 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 3/23/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 2/6/12			

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

1112-4427
Check #3783

Date of Notification (1) 2/6/12		Name of Building Owner / Operator (2) NJ Department of Corrections	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 13 2012 ASBESTOS CONTROL & LICENSING </div>
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Whittlesey Rd. PO Box 863	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	City, State & Zip Code Trenton, NJ 08625-0863	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Name of Contact Joseph May	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Telephone Number	
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Garden State Youth Correctional Facility		Type of Facility (4)	
Street Address 98 Highbridge Rd.		<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) Yardville	County (6) Mercer	County Code (7)	Square Feet # of Floors Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Current Use (Prior if being demolished) Correctional Facility
Street Address 344 West State Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Trenton, NJ 08618		Street Address PO Box 25	
Project Manager for Monitoring Firm William Weisgarber		Telephone Number 609-656-8101	City, State & Zip Code Lumberton, NJ 08048
Scheduled Start Date (10) 3/19/12	Scheduled Completion Date (11) 3/23/12	Telephone Number 609-265-3207	License Number 00529
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor EMSL Analytical	
<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 18108	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	40 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 2	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 3/23/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Office Coord.	Signature 	Date 2/6/12