

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

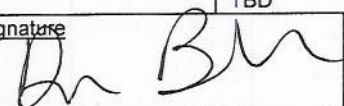
Page 1 of 1
Check # 1497

Date of Notification (1) 02-13-2012		Name of Building Owner/Operator (2) Betty Snyder							
Agencies Notified	Type Notification	Street Address 111 Lloyd 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bernardsville, NJ 07924							
		Name of Contact Betty Snyder	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 111 Lloyd Road		Square Feet 2500 +	# of Floors 2						
City (5) Bernardsville		Bldg. Age 40+							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) GL Group Inc						
Street Address		Street Address 140 Hamburg Tpke							
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-710-9725	License No. 01084						
Start Date (10) 02-23-2012	Scheduled Completion Date (11) 02-27-2012	Name of OSHA Monitor GL Group 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 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Ground Floor		X		ACM Pipe Insulation	3.5 LF	X			
Basement Boiler Room		X		ACM Pipe Insulation	47 LF	X			
Name of Registered Waste Hauler GL Group Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland Landfill					
City, State Bloomingdale, NJ			Disposal Date 2-25-2012	City, State Newburg, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 02-13-2012			

1375

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

RECEIVED
FEB 16 2012

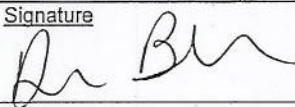
Date of Notification (1) 1/30/2012			Name of Building Owner/Operator (2) OAK STREET, LLC		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		Street Address 65 MEMORIAL ROAD SUITE 380 City, State, Zip Code WEST HARTFORD, CT 06107	
				Name of Contact CHRIS TRACANNA Tel. Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 50 OAK			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 50 OAK STREET			Sq. Feet <u>100000</u> # of Floors <u>2</u>		
City (5) EAST RUTHERFORD	County (6) BERGEN	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm EHS INC		ASCM No.	Name of Contractor (9) Alliance Environmental Systems		
Street Address 9 MAIN STREET		Street Address 550 East Union Street			
City, State, Zip Code MULLICA HILL, NJ		City State, Zip Code West Chester, PA 19382			
Project Manager for Monitoring Firm JACK CARNEY		Telephone Number 8562230080	Telephone Number 610-701-9000		License Number 00508
Scheduled Start Date (10) 2/20/2012		Scheduled Completion Date (11) 4/27/2012		Name of OSHA Monitor EHS, INC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			Street Address 9 MAIN STREET City, State, Zip Code MULLICA HILL, NJ		
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	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.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
ROOF	X	ROOFING	92500sf	X	
1 ST AND 2 ND FLOORS	X	PIPE INSULATION	460LF	X	
1 ST AND 2 ND FLOORS	X	VAT&MASTIC	12110SF	X	
LOADING DOCK	X	TAR	27SF	X	
ROOM B1-46	X	INCINERATOR PACKING	100SF	X	
ROOM B1-41	X	TRANSITE PANEL	670SF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 1700	Name of Reg. Landfill BFI Imperial	
City, State Hazleton, PA		Disp. Date TBD	City, State Imperial, PA		
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature 		Date 2/13/2012

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

Telephone 609-984-6620

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9/18/00

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

<u>Date of Notification (1)</u> 1/30/2012		<u>Name of Building Owner/Operator (2)</u> OAK STREET, LLC	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation	<u>Street Address</u> 65 MEMORIAL ROAD SUITE 380 <u>City, State, Zip Code</u> WEST HARTFORD, CT 06107 <u>Name of Contact</u> CHRIS TRACANNA <u>Tel. Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> 50 OAK		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 50 OAK STREET	<u>County (6)</u> BERGEN	<u>County Code (7)</u> (State Use Only)	<u>Sq. Feet</u> 100000 <u># of Floors</u> 2
<u>City (5)</u> EAST RUTHERFORD	<u>Telephone Number</u> 8562230080	<u>ASCM No.</u>	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> VACANT
<u>Name of Monitoring Firm</u> EHS INC		<u>Name of Contractor (9)</u> Alliance Environmental Systems	
<u>Street Address</u> 9 MAIN STREET		<u>Street Address</u> 550 East Union Street	
<u>City, State, Zip Code</u> MULLICA HILL, NJ		<u>City, State, Zip Code</u> West Chester, PA 19382	
<u>Project Manager for Monitoring Firm</u> JACK CARNEY	<u>Telephone Number</u> 8562230080	<u>Telephone Number</u> 610-701-9000	<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 2/13/2012	<u>Scheduled Completion Date (11)</u> 4/27/2012	<u>Name of OSHA Monitor</u> EHS, INC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 9 MAIN STREET	
<u>Describe</u> Other -		<u>City, State, Zip Code</u> MULLICA HILL, NJ	
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
			<u>Abatement Type</u> Rem. Rep. Encap. Enclose
ROOF	X	ROOFING	92500sf
1ST AND 2ND FLOORS	X	PIPE INSULATION	460LF
1ST AND 2ND FLOORS	X	VAT&MASTIC	12110SF
LOADING DOCK	X	TAR	27SF
ROOM B1-46	X	INCINERATOR PACKING	100SF
ROOM B1-41	X	TRANSITE PANEL	670SF
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 1700
<u>City, State</u> Hazleton, PA	<u>Disp. Date</u> TBD	<u>Name of Reg. Landfill</u> BFI Imperial	
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 	<u>Date</u> 1/30/2012

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

Telephone 609-984-6620

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9/18/00

20887

REMEMBER - MAIL IN HARD COPY

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

DO NOT WRITE IN THESE SPACES

10/10/12
FEB 10 2012

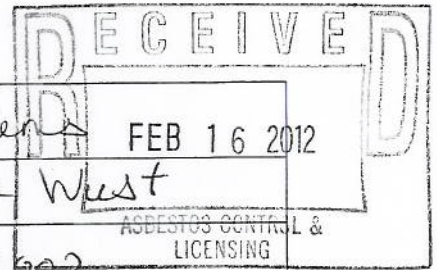
Date of Notification (1) <u>2 / 10 / 2012</u>		Name of Building Owner/Operator (2) <u>Kennedy Health Systems</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 6:23-9)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2201 Chapel Ave West</u> City, State, Zip Code <u>Cherry Hill, NJ 08002</u> Name of Contact <u>Bob Miller</u> Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Kennedy Hosp - Cherry Hill Campus</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <u>2201 Chapel Ave West</u>		Square Foot <u>40,000</u>	# of Floors <u>3</u>					
City (5) <u>Cherry Hill</u>		Blkg. Age <u>40</u>						
County (6) <u>Burlington</u>		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) <u>Outersion Labs</u>		Name of Abatement Contractor (9) <u>USA Environmental Mgmt</u>						
Street Address <u>3370 Progress Drive</u>		Street Address <u>8436 Enterprise Ave</u>						
City, State, Zip Code <u>Bensalem PA 19020</u>		City, State, Zip Code <u>Philadelphia PA 19153</u>						
Project Manager for Monitoring Firm <u>Mike Panepreso</u>		Telephone No. <u>215-244-1300</u>	License No.					
Start Date (10) <u>2 / 11 / 2012</u>		Scheduled Completion Date (11) <u>2 / 12 / 2012</u>						
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: <u>7:30 AM - 3:30 PM</u> FM- AM		Name of OSHA Monitor <u>USA Environmental Mgmt</u>						
Street Address <u>8436 Enterprise Ave</u>		City, State, Zip Code <u>Phila, PA 19153</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≤ 3 sf or ≤ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft <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) 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
<u>MRI Loading Room</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>80 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Existing Fast Track Room</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>155 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Existing Corridor Room</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>528 SF</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>USA Environmental</u>		NJDEP Waste Hauler ID No. <u>32616</u>	Cubic Yards of Waste	Name of Registered Landfill <u>Minerva Landfill</u>				
City, State <u>Phila PA</u>			Disposal Date	City, State <u>Waynesburg OH</u>				
Completed By (Print or Type) <u>[Signature]</u>		Title <u>Program Manager</u>	Signature <u>Dilip Kumar</u>	Date <u>2/10/2012</u>				

ASB-41
MAY 11

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

RECEIVED
FEB 16 2012
ASBESTOS CONTROL & LICENSING

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



Date of Notification (1) <u>2 / 10 / 2012</u>		Name of Building Owner/Operator (2) <u>Kennedy Health Systems</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2201 Chapel Avenue West</u>	City, State, Zip Code <u>Cherry Hill, NJ 08002</u>
		Name of Contact <u>Bud Miller</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Kennedy Hosp - Cherry Hill Campus</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <u>2201 Chapel Ave West</u>		Square Feet <u>40,000</u>	# of Floors <u>3</u>
City (5) <u>Cherry Hill</u>		Bldg. Age <u>40</u>	
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>Criterion Labs</u>		Name of Abatement Contractor (9) <u>USA Environmental Mgmt</u>	
Street Address <u>3370 Progress Drive</u>		Street Address <u>8436 Enterprise Ave</u>	
City, State, Zip Code <u>Bensalem PA 19020</u>		City, State, Zip Code <u>Philadelphia PA 19153</u>	
Project Manager for Monitoring Firm <u>Mike Panepreso</u>	Telephone No. <u>215-244-1300</u>	Telephone No. <u>215-365-5810</u>	License No.
Start Date (10) <u>2 / 11 / 2012</u>	Scheduled Completion Date (11) <u>2 / 12 / 2012</u>	Name of OSHA Monitor <u>USA Environmental Mgmt</u>	
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: <u>7:00 AM - 3:30 PM</u> PM-____AM		Street Address <u>8436 Enterprise Ave</u>	
		City, State, Zip Code <u>Phila, PA 19153</u>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MRI Reading Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing Fast Track Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	155 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing Grn Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	528 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"/>

Name of Registered Waste Hauler <u>USA Environmental</u>	NJDEP Waste Hauler ID No. <u>32610</u>	Cubic Yards of Waste	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>Phila PA</u>	Disposal Date	City, State <u>Waynesburg OH</u>	
Completed By (Print or Type) <u>Dilip Kumar</u>	Title <u>Program Manager</u>	Signature <u>Dilip Kumar</u>	Date <u>2/10/2012</u>

RECEIVED
FEB 16 2012
ACQUISITION CONTROL &
INVENTORY

Date of Notification (1) 2 / 15 / 12		Name of Building Owner/Operator (2) HONEYWELL CORP.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 101 COLUMBIA ROAD		City, State, Zip Code MORRISTOWN, NEW JERSEY 07962	
Name of Contact SUSAN STUCKER		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HONEYWELL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 101 COLUMBIA ROAD, BUILDING AB PENTHOUSE C		Square Feet 360,000	# of Floors 5
City (5) MORRISTOWN		County (6) MORRIS	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) CTSI		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 622 GEORGES ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm FRANK SELAMIE		Telephone Number 732-729-1000	License Number 460
Expected State Date (10) 2 / 25 / 12 Month Day Year		Sched. Completion Date (11) 3 / 30 / 12 Month Day Year	
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: <input type="checkbox"/> Other - Describe: MON. -SUN. 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
Amount (Specify SF or LF)		Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE	
AB BUILDING , PENTHOUSE C		X	PIPE INSULATION
10 LF		X	
Name of Registered Waste Hauler EXPRESS WASTE LLC		NJDEP Waste Hauler ID No. 804	Cubic Yards of Waste 1
Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		City, State NEWBURGH, PA	
City, State NEWARK, NEW JERSEY		Disposal Date	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature [Signature]
Date 2/15/12			

CK 22451

2) DECEIVE
FEB 16 2012
62
Telephone Number

REMEMBER - MAIL IN

State of New Jersey

NOTICE OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

DOLE - 10 DAY

FEB 13 2012

WAVE

Date of Notification (1) 02/13/12 Ck:1848		\$200		Name of Building Owner/Operator (2) Montclair Board of Education	
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 22 Valley Road City, State, Zip Code Montclair, New Jersey 07042 Name of Contact Lenny Saponaro	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Montclair High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 100 Chestnut Street				Square Feet 20,000	
City (5) Montclair, New Jersey 07042				# of Floors 2	
County (6) Essex				Bldg Age 55+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School	
Name of Monitoring Firm Detail Associates		Hired by Building Owner (8) ASCM No		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Avenue				Street Address 606 McBride Avenue	
City, State, Zip Code Englewood, New Jersey 08631				City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708		Telephone No. 973-225-8400	
License No. 01104					
Start Date (10) 02/15/12		Scheduled Completion Date (11) 02/16/12		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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5PM Start				Street Address 2333 Route 22 West	
				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"/> ≥ 180 sf or ≥ 280 lf <input 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)	
		Yes No N/A			
1st Floor Janitors Closet		X		O&M Pipe Insulation	
Room 314		X		O&M Pipe Insulation	
				1 LF	
				40 LF	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1	
City, State Woodland Park, New Jersey 07424		Disposal Date 02/20/12		Name of Registered Landfill G.R.O.W.S Landfill	
Completed by Tatiana Kalenkova		Title Vice President		City, State Morrisville, Pennsylvania	
		Signature Tatiana Kalenkova		Date 02/13/12	

ASB-41 (R 05-08)

* Do not use this form for asbestos licensure exempted activities

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

FEB 13 2012

DOL - 10 DAY

Date of Notification (1) 02/13/12 Ck:1849		\$200		Name of Building Owner/Operator (2) Montclair Board of Education		DOL - 10 DAY				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 22 Valley Road City, State, Zip Code Montclair, New Jersey 07042 Name of Contact Lenny Saponaro		FEB 13 2012 WAI ED				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Mt. Hebron School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)						
Street Address 173 Bellevue Avenue				Square Foot 20,000		# of Floors 2				
City (5) Montclair, New Jersey 07042				Bldg. Age 55+						
County (6) Essex				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School				
Name of Monitoring Firm Detail Associates				Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 300 Grand Avenue				Street Address 606 McBride Avenue						
City, State, Zip Code Englewood, New Jersey 08631				City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm Stephen Jaraczewski				Telephone No. 201-569-8708		License No. 01104				
Start Date (10) 02/15/12		Scheduled Completion Date (11) 02/16/12		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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: SPM Start				Street Address 2333 Route 22 West 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) 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
Corridor/Stairwell #3			X		O&M Pipe Insulation	4 LF		X		
Ladies Bathroom in Faculty Room			X		O&M Pipe Insulation	2 LF		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 02/20/12		City, State Morrisville, Pennsylvania						
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 02/13/12				

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

FEB 16 2012

DOI - 10-DAY

Date of Notification (1) 02/13/12 CK:1850		Name of Building Owner/Operator (2) Montclair Board of Education	
Agencies Notified		Street Address 22 Valley Road	
Type Notification		City, State, Zip Code Montclair, New Jersey 07042	
<input 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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Name of Contact Lenny Saponaro	

Name of Facility Where Abatement is Taking Place (3) Watchung School			Type of Facility (4)		
Street Address 14 Garden Street			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)		
City (5) Montclair, New Jersey 07042			Square Feet 20,000	# of Floors 2	Bldg. Age 55+
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Avenue		Street Address 606 McBride Avenue			
City, State, Zip Code Englewood, New Jersey 08631		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Stephen Jaraczewski		Telephone No. 201-569-6708		Telephone No. 973-225-8400	Licence No. 01104
Start Date (10) 02/15/12		Scheduled Completion Date (11) 02/16/12		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: 5PM 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 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 Custodian Room	X			O&M Pipe Insulation	2 LF		X		
Basement Corridor	X			O&M Pipe Insulation	2 LF		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 02/20/12	City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 02/13/12

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

CK#3571

Date of Notification (1) 2-14-2012		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 South Livingston 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact David	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers - Apt. # 8H		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 220 West Jersey Street		Square Feet	# of Floors 50+						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Unit							
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	License No. 01088						
Start Date (10) 2-23-2012	Scheduled Completion Date (11) 02-24-2012	Name of OSHA Monitor							
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: 9 am - 4 pm		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
Kitchen			X	VAT (no mastic)	74 SF	X			
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 2-14-2012		

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

Date of Notification (1) 02/14/12 CK: 1858 \$200		Name of Building Owner/Operator (2) Atlantic Health Systems		<div style="border: 1px solid black; padding: 5px;"> APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 2/14/12 Time: 1:12 PM FEB 16 2012 </div>	
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 <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue City, State, Zip Code Morristown, New Jersey 07962 Name of Contact Michelle DiGangi	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Morristown Hospital				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 100 Madison Avenue				Square Feet 10,000	
City (5) Morristown, New Jersey 07962				# of Floors 2	
County (6) Morris				Bldg. Age 55+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital			
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		Street Address	
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424		City, State, Zip Code	
Project Manager for Monitoring Firm Charles Shneekloth		Telephone No. 908-497-8900		Telephone No. 973-225-8400	
Start Date (10) 02/16/12		Scheduled Completion Date (11) 02/17/12		License No. 01104	
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 checked="" type="checkbox"/> Other - Describe: 6PM Start				Name of OSHA Monitor J&S Environmental LLC	
Street Address 2333 Route 22 West				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 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)	
		Yes No N/A			
Franklin Level B Hallway		X		TSI	
				32 LF	
				x	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2	
City, State Woodland Park, New Jersey 07424		Disposal Date 02/20/12		Name of Registered Landfill G.R.O.W.S Landfill	
City, State Morrisville, Pennsylvania		Completed by Tatiana Kalenikova		Title Vice President	
Signature <i>[Signature]</i>		Date 02/14/12			

NO check

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

Check # 1298

Cancellation

Date of Notification (1)

Name of Building Owner/Operator (2)

02/13/2012

Dean Snider

Agency Notified

Type Notification

Street Address

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

☐ Initial

☐ Amended

☐ Amendment #

☐ Emergency (including justification)

☒ Cancellation

75 Jackson Street

City, State, Zip Code

Freehold, NJ 07728

Name of Contact

Dean Snider

FEB 16 2012

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Private home

Street Address

75 Jackson Street

City (5)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Freehold, NJ 07728

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Monmouth

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

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)

Scheduled Completion Date (11)

02/19/2012

02/20/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe:

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
Basement			x	Pipe insulation	110 LF	x		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N. Jevtic
ASB-41

Owner

Dean Snider

02/13/2012

* 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 # 1290

Cancellation

Date of Notification (1)

02/13/2012

Agency Notified	Type Notification	Name of Building Owner/Operator (2)	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	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Hodges Claire	18 S. Talmadge Street
		City, State, Zip Code	New Brunswick, NJ 08901
		Name of Contact	Ramon Alayon
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<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	Square Feet # of Floors Bldg. Age
18 S. Talmadge Street	
City (5)	

New Brunswick, NJ 08901

County (6)

County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)

Middlesex

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address
		576 Valley Rd #283
City, State, Zip Code		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)	Scheduled Completion Date (11)	Name of OSHA Monitor
02/11/2012	02/12/2012	Envirovision Consultants, 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:		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) <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
Basement			x	Pipe insulation	40 LF	x		


Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA
Completed by	Title	Signature	Date
N. Jevtic	Owner	<i>N. Jevtic</i>	02/13/2012
ASB-41	* Do not use this form for asbestos licensure exempted activities.		

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

Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Patco Realty Corp.							
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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 222 Grand Avenue							
		City, State, Zip Code Englewood, New Jersey 07631							
		Name of Contact Ms. Sherry Galgano							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plaza Garden Apartments		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 2165 Center Avenue									
City (5) Fort Lee, New Jersey 07024		Square Feet 300	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Affiliated Environmental Serv NJ Inc.						
Street Address 280 Huyler Street		Street Address 450 South River Street							
City, State, Zip Code South Hackensack, New Jersey 07606		City, State, Zip Code Hackensack, New Jersey 07601							
Project Manager for Monitoring Firm Anton Rezina		Telephone No. 201-489-8700	Telephone No. 201-931-0313						
License No. 00500									
Start Date (10) 2/12/12	Scheduled Completion Date (11) 2/13/12	Name of OSHA Monitor Omega 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 <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street							
		City, State, Zip Code South 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 type="checkbox"/> Full Containment with 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) (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 Shed			x	Debris (ACM)	300 sq.	x			
Boiler Shed			x	Boiler Breaching	100 sq.	x			
Boiler Shed			x	Pipe Insulation	50 lf.	x			
Name of Registered Waste Hauler Tri-State Transfer		NJDEP Waste Hauler ID No. NJDEP 19551	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises Inc.					
City, State Bronx, New York 10474		Disposal Date 2/13/12	City, State Waynesburg, Ohio 44688						
Completed by <i>Joseph L. Saloppo</i>		Title Office Administrator	Signature <i>Joseph L. Saloppo</i>		Date 2/13/12				

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) Debbie Thompson							
Agencies Notified	Type Notification	Street Address 10-15 Backus Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, New Jersey 07410							
		Name of Contact Debbie Thompson							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address 10-15 Backus Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fair Lawn		Square Feet 2,000	# of Floors 2						
County (6) Bergen		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.							
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code		Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470							
Telephone No.		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 02/20/2012	Scheduled Completion Date (11) 02/22/2012	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	x			Floor Tiles	300 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 02/09/2012		

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

check #: 7842

Date of Notification (1) 2-13-12		Name of Building Owner/Operator (2) Jim Brady		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 16 2012 </div>	
Agencies Notified	Type Notification	Street Address 62 Campbell 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack NJ 07601			
		Name of Contact Jim Brady			
				Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Brady			Type of Facility (4)		
Street Address 62 Campbell Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Hackensack			Square Feet 1600	# of Floors 2	Bldg. Age 58
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.		
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.	Telephone No. 201-262-5841	License No. 00156	
Start Date (10) 2-13-12	Scheduled Completion Date (11) 2-14-12		Name of OSHA Monitor Omega Environmental Services Inc.		
Occupancy Status During Abatement (Check Only One)			Street Address 280 Huyler Street		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥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			
basement			X	pipe insulation	85 LF	<div style="display: flex; justify-content: space-between;"> <div>Remove</div> <div>Repair</div> <div>Encapsulate</div> <div>Enclosure</div> </div>


Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverdale, New Jersey 07457		Disposal Date 2-13-12		City, State Bethlehem, PA 18015	
Completed by R. McDonald		Title President	Signature <i>[Signature]</i>	Date 2/13/12	

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

check#22682

ETS JOB # 3771/12

AMENDMENT #

Date of Notification (1) 2/10/12		Name of Building Owner / Operator (2) Anheuser Busch, Inc.		
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		Street Address	
	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		200 Route 1 South City, State & Zip Code Newark, NJ 07114-2298	
			Name of Contact Mr. Jasse Gross	
			Telephone Number	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Anheuser Busch, Inc.			Type of Facility (4)	
Street Address 200 Route 1 South			<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) Newark	County (6) Essex	County Code (7)	Square Feet 35,000	# of Floors 3
			Bldg. Age 50+	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.			Name of Abatement Contractor (9) ETS Contracting, Inc.	
Street Address 64 Broad Street			Street Address 160 Clay Street	
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Brooklyn, NY 11222	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number (732) 290-2217	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) 02/21/12	Scheduled Completion Date (11) 2/24/12		Name of OSHA Monitor Environmental Tactics, Inc.	
Occupancy Status During Abatement (Check only one)			Street Address 64 Broad Street	
<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: Work Area Vacated - Working Hours from 7:00am-3:30pm			City, State & Zip Code Matawan, NJ 0774	
Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other:				
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Stock House	Yes	Pipe Insulation	12LF	Removal
Power House	Yes	Pipe Insulation	22 LF	Removal
Name of Registered Waste Hauler Vision Transport Inc.				
NJDEP Waste Hauler ID # NJ-688		Cu. Yds. of Waste 3	Name of Registered Landfill Cumberland County Landfill	
City, State South Kerny, NJ		Disposal Date TBD	City, State Shippensburg, PA	
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 		Date 02/10/12

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

Date of Notification (1) February 13, 2012		Name of Building Owner/Operator (2) T C B Associates	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	P O Box 3204	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Point Pleasant, New Jersey 08742	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Kathy	111

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 214 Eastham Road			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k12)		
City Point Pleasant			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			Square feet 1200 sf		
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) 2/27/12		Scheduled Completion Date (11) 2/29/12	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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) YES NO N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos siding	1100 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 3/01/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 2/13/12

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