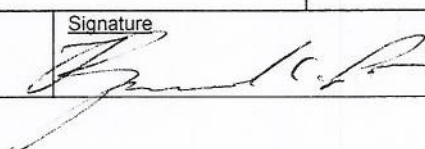


State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2520

GAC# 314-12

Date of Notification (1) February 17, 2012			Name of Building Owner/Operator (2) MR. BERAN		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled		Street Address 145 KENT ROAD	
				City, State, Zip Code TENAFLY, NJ 07670	
				Name of Contact GEORGE HALDEMAN (IRS, INC.)	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BERAN 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 145 KENT AVENUE			Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60+ years		
City (5) TENAFLY	County (6) BERGEN	County Code (7) (State Use Only)	Current Use (prior if being demolished): RESIDENCE		
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIROVISION, INC.		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 20-21 WARGARAW ROAD			Street Address 268 MAIN STREET		
City, State, Zip Code FAIRLAWN, NJ			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm FRED LARSON		Telephone Number 973-636-9145	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 02/28/12		Scheduled Completion Date (11) 02/29/12		Name of OSHA Monitor ENVIROVISION, 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: Work Area Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ		
Source of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13) KITCHEN	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT		Amount (Specify SF or LF) 240 SF	Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509		Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None				Disposal Date 02/29/12	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature 	
				Date February 17, 2012	

Copies To: Mr. Beran, IRS, Inc., Attn. Mr. Jesse Latriano, & ENVIROVISION, Attn. Mr. Fred Larson

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:13)

REMEMBER - MAIL IN HARD COPY

CK # 3371

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) MS. JOANNE MATINA							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 44 HARVEY DR		City, State, Zip Code SUMMIT, NJ 07901							
Name of Contact MS. MATINA		Telephone Number WAIVER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. MATINA		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 HARVEY DR		Square Feet 2200							
City (5) SUMMIT		# of Floors 2							
County (6) UNION		Bldg. Age 1940							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code		Street Address 450 South River St							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601							
Telephone No.		Telephone No. 201-329-7444							
Start Date (10) 12/20/12		License No. 00388							
Scheduled Completion Date (11) 12/21/12		Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Removal of ACM</u>		Street Address 280 Huyler St							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or less <input type="checkbox"/> 2160 sf or 2280 sf <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		City, State, Zip Code South Hackensack, N.J. 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) GARAGE	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No NA			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify GF or LF) 40 LF	Abatement Type			
						Removal	Repair	Encapsulation	Exhaust
Name of Registered Waste Hauler ATLANTIC WASTE SERVICE		NJDEP Waste Hauler ID No. 22592		Cubic Yards of Waste 227		Name of Registered Landfill IESI LANDFILL			
City, State ROCHESTER PARK, NJ		Disposal Date 2/21/12		City, State BETHLEHEM, PA 18015					
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 2/16/12			

APPROVED: PAUL HORNER, NJDOH

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

CR# 2226

Date of Notification (1) <div style="text-align: center;">2 / 15 / 12</div>		Name of Building Owner/Operator (2) State of NJ Department of Corrections							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 11401							
		City, State, Zip Code Yardville, NJ 08620							
		Name of Contact Joseph May	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden State Correctional		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 Highbridge Rd (off of Rt 130)		Square Feet 100000	# of Floors 2						
City (5) Yardville, NJ		Bldg. Age 35+							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 N Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm James Frisbee	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 2 / 15 / 12	Scheduled Completion Date (11) 2 / 16 / 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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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 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
Vocational Building Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Debris	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Building Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Patch & Repair)	15 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067						
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 2/15/12						

NOTIFICATION OF ASBESTOS ABATEMENT

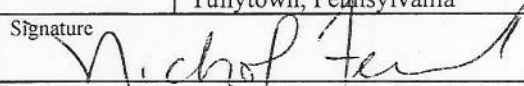
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/25/12		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 940 Park Avenue City, State, Zip Code Lakewood, New Jersey 08701 Name of Contact Irving Perlstein Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 125 Leonard Street			Square feet 1500 sf		
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/1/12		Scheduled Completion Date (11) 3/2/12	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1500 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 3/5/12		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 1/25/2012

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

Feb. 17, 2012 9:11AM

State of New Jersey **REMEMBER - MAIL IN HARD COPY**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

DOI - 10 DAY

Date of Notification (1) <u>2 / 17 / 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 6:23.8)	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</u> City, State, Zip Code <u>Cherry Hill, NJ 08002-1111</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	# of Floors						
City (5) <u>Cherry Hill</u>		Bldg. Age							
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>		ASCM No.	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>215-2441300</u>	Telephone No. <u>215-365-5810</u>						
Start Date (10) <u>2 / 18 / 2012</u>		Scheduled Completion Date (11) <u>2 / 27 / 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>7:00 AM - 3:30 PM</u> PM- AM		Name of OSHA Monitor <u>USA Environmental Mgmt</u>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥250 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		Street Address <u>8436 Enterprise Avenue</u> City, State, Zip Code <u>Phila PA 19153</u>							
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	Remove	Repair	Encapsulate	Enclosure
<u>Existing Crisis Area</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Mastic</u>	<u>112</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>USA Environmental</u>		NJDEP Waste Hauler ID No. <u>32610</u>	Cubic Yards of Waste	Name of Registered Landfill <u>Munerva Landfill</u>					
City, State <u>Phila PA</u>		Preposal Date	City, State <u>Waynesburg, OH</u>						
Completed By (Print or Type) <u>Dilip Kumar</u>		Title <u>Program Mgr.</u>	Signature <u>Dilip Kumar</u>		Date <u>2/17/2012</u>				

ASB-41
MAY 11

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

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

Date of Notification (1) <u>2 / 17 / 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 Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2201 Chapel Avenue</u> City, State, Zip Code <u>Cherry Hill, NJ 08002</u> Name of Contact <u>Bud Miller</u> Telephone Number <u></u>	

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 # of Floors Bldg. Age	
City (5) <u>Cherry Hill</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>	ASCM No.	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>215-2441300</u>	Telephone No. <u>215-365-5810</u>	License No.
Start Date (10) <u>2 / 18 / 2012</u>	Scheduled Completion Date (11) <u>2 / 20 / 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>1:00 AM - 3:30 PM</u> PM- AM		Street Address <u>8436 Enterprise Avenue</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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Existing Crisis Area</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Mastic</u>	<u>112</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <u>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 Mgr.</u>	Signature <u>Dilip Kumar</u>	Date <u>2/17/2012</u>

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

Check # 3572

Date of Notification (1) 2-14-12		Name of Building Owner/Operator (2) Jakeup Akdemir						
Agencies Notified	Type Notification	Street Address 323 Vivian Court						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jakeup Akdemir	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential 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 323 Vivian Court		Square Feet 2,000	# of Floors 2					
City (5) Paramus		Bldg. Age 50 +						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCN No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy						
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) 2/15/12	Scheduled Completion Date (11) 2/18/12	Name of OSHA Monitor n/a						
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: _____		Street Address n/a						
		City, State, Zip Code n/a						
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
Property To Be Disposed as ACM			x	Property To Be Disposed as ACM				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill				
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA				
Completed by Lillie Lazarevich	Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 2-14-12			

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

CK 3374

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) FAIRLAWN INDUSTRIES							
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 20-21 WAGARAW RD							
		City, State, Zip Code FAIRLAWN, N.J. 07410							
		Name of Contact MR. F. MALONE	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FAIRLAWN INDUSTRIES		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 20-21 WAGARAW RD		Square Feet 80,000	# of Floors 2						
City (5) FAIRLAWN		Bldg. Age 95 yrs							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) WARE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St							
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 2/29/12	Scheduled Completion Date (11) 3/2/12	Name of OSHA Monitor Omega Environmental Services							
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: 2 AM TO 5 PM		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 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 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
BUILD 35			X	THERMAL SYSTEMS INSULATION	205 LF	X			
BUILD 35			X	THERMAL SURFACING INSULATION	40 SF	X			
Name of Registered Waste Hauler ATLANTIC WASTE SERVICES		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 5 CY	Name of Registered Landfill IESI LANDFILL					
City, State ROCHELLE PARK, N.J. 07662		Disposal Date 3/1/12		City, State BETHLEHEM, PA. 18015					
Completed by J. MAIORANO		Title Estimator		Signature <i>[Signature]</i>			Date 2/16/12		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) February 16, 2012		Name of Building Owner/Operator (2) Michael O'Brien	
Agencies Notified x EPA x DCA x DOL x DEP x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 6 West Shore Road City, State, Zip Code Bloomington, NJ 07403 Name of Contact Michael O'Brien Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 30 years	
Street Address 6 West Shore Road	City (5) Bloomington	County (6) Passaic	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 34A		Street Address 268 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) February 18, 2012	Scheduled Completion Date (11) February 19, 2012	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Day Shift Other - Describe:		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Pipe & Fitting Insulation Flue Insulation Boiler Insulation	Amount (Specify SF or LF) 50 LF 5 SF 12 SF Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date February 19, 2012	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date February 16, 2012

GAC # 2011-9018

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

MO#19807825735

Date of Notification (1)

02/15/2012

Name of Building Owner/Operator (2)

William Dunlay

Street Address

3 Allen Drive

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

William Dunlay

Telephone Number

Agency Notified

☒ EPA
☐ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
Amendment #
☐ Emergency (including
justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

3 Allen Drive

City (5)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings,
homes, etc.)

Square Feet # of Floors Bldg Age

Morristown, NJ 07960

County (6)

County Code (7) (STATE USE
ONLY)

Current Use (Prior if being demolished)

Morris

Name of Monitoring Firm Hired by Building Owner(8)

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.

973-638-1777

License No.

01127

Start Date (10)

02/25/2012

Scheduled Completion Date (11)

02/26/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

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

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	Paper insulation-duct	40 SF	X		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N.Jevtic
ASB-41

NJDEP Waste Hauler
ID No.

0033785

Cubic Yards of
Waste

Name of Registered Landfill

T.R.R.F. Inc

Disposal Date

City, State

Tullytown, PA

Signature

Paula Senad

Date

02/15/2012

Title
Owner

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

022978

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)
02 / 16 / 12

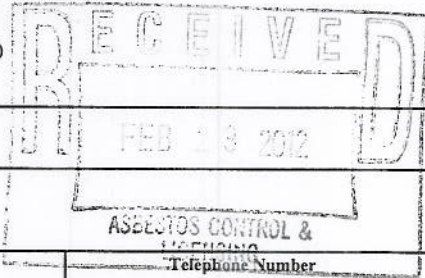
(Pursuant to NJAC 8: 60 and 12: 120-)
Name of Building Owner/Operator (2)
Barbara De'Castro

Agencies Notified Type of Notification
☒ EPA
☐ DEP ☐ Initial
☒ DOL ☐ Amended
☐ DOH ☐ Amendment #
☐ DCA ☐ Emergency (including
Justification)
☐ Cancellation

Street Address
700 Schuyler Avenue

City, State, Zip Code
Kearny, NJ 07032

Name of Contact
Jeff Mace



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence
Street Address

431 1/2 John Street

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

E. Newark

Hudson

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

Fairlawn NJ 07410

Project Manager for Monitoring Firm

Willie Morales

Telephone Number

973-636-9145

Scheduled State Date (10)

03 / 01 / 12
Month / Day / Year

Scheduled Completion Date (11)

03 / 05 / 12
Month / Day / Year

Occupancy Status During Abatement (Check only one)

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

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number

973 628-9500

License No.

00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn 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			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
Basement			X	Pipe Insulation	30 LF.	X			

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

NJDEP Waste
Hauler ID No.
17819

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

G.R.O.W.S

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

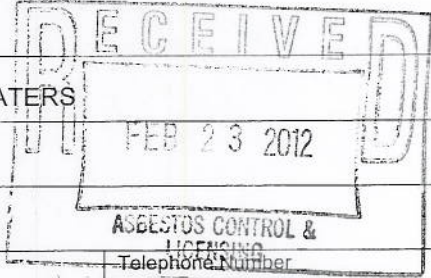
2/16/2012

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

RECEIVED 3376

Date of Notification (1) 2/20/12		Name of Building Owner/Operator (2) MR. RICHARD LANE				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 37 JEWETT AVE				
		City, State, Zip Code TENAFLY NJ 07670				
		Name of Contact MR. LANE				
Telephone Number _____						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. R. LANE		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 37 JEWETT AVE		Square Feet 2200	# of Floors 2			
City (5) TENAFLY		Bldg. Age 1940				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 South River St				
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 3/2/12	Scheduled Completion Date (11) 3/3/12	Name of OSHA Monitor George Environmental Services				
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: 7AM TO 5PM		Street Address 380 Huyler St				
		City, State, Zip Code Hackensack, N.J. 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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Other Procedure <input type="checkbox"/> Non-Exempt (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., type of material, location, etc.)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		THERMAL INSULATION	85 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Atlantic Waste Services		HJDES Waste Hauler ID No. 22597	Name of Registered Landfill UESI Landfill			
City, State Rochelle Park, N.J. 07662		City, State Bethlehem, PA 18015				
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 2/20/12			

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



Date of Notification (1) 2/21/2012		Name of Building Owner/Operator (2) ROBERT J. AND YVONNE H. WATERS							
Agencies Notified	Type Notification	Street Address 368 WEST MILL ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG VALLEY, NJ 07853							
		Name of Contact CAROLYN WATERS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT 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 368 WEST MILL ROAD		Square Feet	# of Floors						
City (5) LONG VALLEY		Bldg. Age							
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 3/3/2012	Scheduled Completion Date (11) 3/10/2012	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT RESIDENCE		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
EXTERIOR		X		TRANSITE SIDING	2,605	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ			Disposal Date 3/10/2012	City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>			Date 2/21/2012			

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

Do check

Date of Notification (1) 2/21/2012		Name of Building Owner/Operator (2) JADE HACKETTSTOWN ASSOCIATES, LLC c/o MGMT OFFICE							
Agencies Notified	Type Notification	Street Address 1200 SUNNYVIEW OVAL							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code KEASBY, NJ 08832							
		Name of Contact RAY RICE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER BERGEN MACHINE & TOOL CO., INC.		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 91 MAIN STREET		Square Feet	# of Floors						
City (5) HACKETTSTOWN		Bldg. Age							
County (6) WARREN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address 116 TICES LANE, UNIT B-1		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code EAST BRUNSWICK, NJ 08816		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	Telephone No. 973-956-8700						
		License No. 00494							
Start Date (10) ON HOLD	Scheduled Completion Date (11)		Name of OSHA Monitor SAME AS (9) ABOVE						
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: VACANT BUILDING		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED									
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 4/30/2012		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature <i>Viveca Ramos</i>			Date 2/21/2012		

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

VIA U.S. Mail
CH# 2463

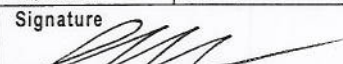
Date of Notification (1) <u>2/21/12</u>		Name of Building Owner/Operator (2) <u>MR MAROON [checked]</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>P.O. Box 5158</u>		City, State, Zip Code <u>KENDALL PARK NJ 08824</u>							
Name of Contact <u>MR [checked]</u>		ASBESTOS [checked] LIC _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) _____		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>204 EASTON AVE</u>		Square Feet <u>1,500</u> # of Floors <u>2</u> Bldg. Age <u>75</u>							
City (5) <u>NEW BRONSWICK NJ</u>		Current Use (Prior if being demolished) <u>CLOSED (FIRE)</u>							
County (6) <u>MIDDLESEX</u>		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) <u>NOVATECH INC</u>							
City, State, Zip Code _____		Street Address <u>P.O. Box 814</u>							
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>OLD BRIDGE NJ 08857</u>							
Telephone No. _____		Telephone No. <u>732 238x7500</u> License No. <u>00806</u>							
Start Date (10) <u>3/1/12</u>		Scheduled Completion Date (11) <u>3/30/12</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>NOVATECH INC P.</u>							
Street Address _____		City, State, Zip Code <u>OLD BRIDGE NJ 08857</u>							
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
<u>EXTERIOR</u>			<u>X</u>	<u>EXTERIOR SIDING</u>	<u>1500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>NOVATECH INC</u>		NIDEP Waste Hauler ID No. <u>12501</u>		Cubic Yards of Waste <u>15</u>		Name of Registered Landfill <u>G.R.O.W.S.</u>			
City, State <u>OLD BRIDGE NJ 08857</u>		Disposal Date <u>3/30/12</u>		City, State <u>PHILADELPHIA PA</u>					
Completed By <u>CARLOS AMEIDA</u>		Title <u>PRESIDENT</u>		Signature <u>[Signature]</u>		Date <u>2/21/12</u>			

ASB-41

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

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

Check No. No Fee

Date of Notification (1) February 20, 2012		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10/2004</small> <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 Building 80, 2nd Floor City, State, Zip Code Newark, NJ 07114 Name of Contact Ralph Campione Telephone Number 						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Terminal B, B2 Elevator Lobby Mid Level		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Terminal B, Newark Liberty International Airport		Square Feet 24000	# of Floors 2					
City (5) Newark		Bldg. Age 40 +/-						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Terminal						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-624-6898	Telephone No. 973-478-4681					
Start Date (10) March 01, 2012		Scheduled Completion Date (11) February 28, 2013	License No. 00120					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
		Street Address 464 Valley Brook Avenue						
		City, State, Zip Code Lyndhurst, NJ 07071-1998						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Terminal B, B2 Elevator Lobby Mid Level	<input checked="" type="checkbox"/>			Fireproofing	1,800 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, Inc.				
City, State Bronx, NY		Disposal Date 12/10/2011 - 01/31/2012		City, State Waynesburg, OH				
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 2/20/2012		

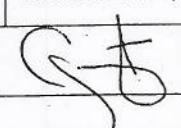
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CK 3377

Date of Notification (1) 2/21/12		Name of Building Owner/Operator (2) MS. ANDREA McCAFFERTY				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 19 HASBROUCK PL City, State, Zip Code RUTHERFORD, NJ 07070 Name of Contact MS. McCAFFERTY Telephone Number				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. McCAFFERTY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 19 HASBROUCK PL		Square Feet 1800	# of Floors 2			
City (5) RUTHERFORD		Bldg. Age 1940				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 3/3/12		Scheduled Completion Date (11) 3/6/12				
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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Name of OSHA Monitor Omega Environmental Services				
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 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) 30 LF	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT	X	THERMAL SYSTEMS INSULATION		X		
Name of Registered Waste Hauler Atlantic Waste Services		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 1/1	Name of Registered Landfill IESI Landfill		
City, State Rochelle Park, N.J. 07662		Disposal Date 3/6/12	City, State Behtlehem, PA 18015			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 2/21/12			

No check

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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	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) COMMERICAL							
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) 2/21/2012	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 02/15/2012			

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

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) Harold V. Garrity III	
Agencies Notified	Type Notification	Street Address 25 Aubrey Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Harold V. Garrity III	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number ASBESTOS CONTROL & REMEDIATION	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			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 25 Aubrey Road			Square Feet 2600		
City (5) Montclair			# of Floors 2		
County (6) Essex			Bldg. Age 85		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		City, State, Zip Code Montclair, NJ 07042	
City, State, Zip Code		Telephone Number (973) 744-8800		License Number 00371	
Project Manager for Monitoring Firm		Telephone Number N/A		Name of OSHA Monitor N/A	
Scheduled Start Date (10) 2/27/12 Month Day Year		Sched. Completion Date (11) 2/28/12 Month Day Year		Street Address	
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: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		City, State, Zip Code			

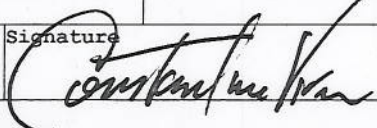
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	60 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste .75		Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 2/29/12		City, State Morrisville, PA 19067			
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 2/16/12	

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

Check # 8056

Date of Notification (1) 2-16-12		Name of Building Owner/Operator (2) Lakewood Plaza Housing, LLC							
Agencies Notified	Type Notification	Street Address 326 3rd Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact	Telephone Number ASBESTOS CONTROL & REMEDIATION						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lakewood Plaza Housing		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 193 Alder Street		Square Feet 5,000	# of Floors 2						
City (5) Lakewood, NJ		Bldg. Age 50yrs.							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) apartments							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920						
License No. 00398									
Start Date (10) 3-5-12	Scheduled Completion Date (11) 3-12-12	Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
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) <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
throughout unit		x		VAT	1,100 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 20	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 3-12-12		City, State Bethlehem, PA					
Completed by James Kelly		Title President		Signature <i>James Kelly</i>		Date 2-16-12			

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

Date of Notification (1) 2/20/2012		Name of Building Owner/Operator (2) NJ Dept. of Military and Veterans Affairs						
Agency Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #	101 Eggert's Crossing Road						
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ						
		Name of Contact Mark Ramos						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) West Orange National Guard Armory		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1315 Pleasant Valley Way		Square Feet 100,000+	# of Floors 1					
City (5) West Orange, NJ 07052		Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) RICI CORP					
Street Address 116 Tices Lane, Unit B-1		Street Address 41 LIBERTY STREET						
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code PASSAIC, NJ 07055						
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. 732-390-5858	Telephone No. 973-614-1266	License No. 00838					
Start Date (10) 02/27/2012	Scheduled Completion Date (11) 03/08/2012	Name of OSHA Monitor RICI CORP						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		Street Address 41 LIBERTY STREET						
		City, State, Zip Code PASSAIC, NJ 07055						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 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
2nd floor bathroom		x		Pipe Insulation including elbows & joints	100 LF	x		
2nd floor bathroom		x		Wall and Ceiling plaster	2,300 SF	x		
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL				
City, State PASSAIC, NJ			Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by RISTO TRAJKOV	Title PRESIDENT	Signature <i>[Signature]</i>			Date 2/20/2012			

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

Date of Notification (1) <u>2/14/12</u>		Name of Building Owner/Operator (2) <u>Hunt Stellato Funeral Home</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1601 Palisade Ave</u> City, State, Zip Code <u>Fort Lee NJ</u>					
		Name of Contact <u>Frank Grisez</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>1593-1601 Palisade Ave</u>		Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) <u>Fort Lee NJ</u>		Current Use (Prior if being demolished) _____					
County (6) <u>Bergen</u>	County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>EMSL</u>	ASCM No. <u>C</u>	Name of Abatement Contractor (9) <u>F Grisez & Son</u>					
Street Address <u>307 W 38th St</u>		Street Address <u>513 E 32nd St</u>					
City, State, Zip Code <u>NY, NY</u>		City, State, Zip Code <u>Peterborough NJ</u>					
Project Manager for Monitoring Firm <u>Manager</u>	Telephone No. <u>212-421-6099</u>	Telephone No. <u>973-3452223</u>	License No. <u>004 000021</u>				
Start Date (10) <u>2/21/12</u>	Scheduled Completion Date (11) <u>2/22/12</u>	Name of OSHA Monitor <u>Same</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Demolition</u>		Street Address _____ City, State, Zip Code _____					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) <u>1870 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>Exterior Siding</u>		<u>TRANSite Siding</u>	<u>1870 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Eastern Waste</u>	NJDEP Waste Hauler ID No. <u>65027</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>Imperial Landfill</u>				
City, State <u>Freehold NJ</u>	Disposal Date _____	City, State <u>Imperial PA</u>					
Completed By <u>Frank Grisez</u>	Title <u>President</u>	Signature <u>[Signature]</u>	Date <u>2/14/12</u>				

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

Check # 6685

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) Union Township Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 2369 Morris Ave.	
		City, State, Zip Code Union, NJ 07083	
		Name of Contact Thomas Wiggins	
		Telephone Number 973-709-0200	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Livingston 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 and commercial buildings, homes, etc.)		
Street Address 960 Midland Blvd.			Square Feet 50000	# of Floors 3	Bldg. Age ~ 50
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Omega Environmental Services, Inc			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 280 Huyler St.			Street Address 3 Lynn Court		
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Anton Rezin			Telephone Number 201-489-8700		License Number 00852
Scheduled Start Date (10) 2/16/12		Sched. Completion Date (11) 2/21/12	Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: <u>evenings and weekend</u> <input type="checkbox"/> Other – Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

☒ Renovation

- ☒ Full Containment with Negative Pressure
☐ Mini – Enclosure
☐ Glovebag Procedure
☐ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C L O S U R E	E N C L O S U R E
Classroom 114		X		Floor – light weight concrete/cleanup	720 SF		x		x
Crawlspace	x			Pipe insulation	3 LF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 2/23/12		City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 2/16/12

State of New Jersey

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

Check # 6685

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) Union Township Public Schools			
Agencies Notified	Type of Notification	Street Address 2369 Morris Ave.			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended <input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083			
		Name of Contact Thomas Wiggins			
				Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Livingston 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 and commercial buildings, homes, etc.)		
Street Address 960 Midland Blvd.			Square Feet: 50000 # of Floors: 3 Bldg. Age: ~ 50 Current Use (Prior if being demolished): educational		
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner Omega Environmental Services, Inc		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 280 Huyler St.			Street Address 3 Lynn Court		
City, State, Zip Code South Hackensack, NJ 07606			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Anton Rezin		Telephone Number 201-489-8700	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 2/16/12	Sched. Completion Date (11) 2/21/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
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: <u>evenings and weekend</u> <input type="checkbox"/> Other - Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

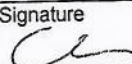
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
						E	E	N	N
						M	P	C	C
						O	A	A	L
						V	I	P	O
						A	R	S	S
						L	U	U	U
Classroom 114		X		Floor - light weight concrete/cleanup	720 SF		x		x
Crawlspace	x			Pipe insulation	3 LF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 2/23/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pam Replc		Title General Manager	Signature 		Date 2/16/12

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

Date of Notification (1) 2-17-2012		Name of Building Owner/Operator (2) Rob Aden							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Yale Terrace							
		City, State, Zip Code East Orange, NJ 07017							
		Name of Contact Rob Aden							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Yale Terrace		Square Feet 2000	# of Floors 2						
City (5) East Orange		Bldg. Age 50+							
County (6) Essex	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. 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						
Start Date (10) 2-28-2012		Scheduled Completion Date (11) 2-29-2012	License No. 01088						
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 Other - Describe: <u>9am - 5 pm</u>		Name of OSHA Monitor Jadar Contracting, LLC							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			<input checked="" type="checkbox"/>	Asbestos Pipe Insulation	125 LF	<input checked="" type="checkbox"/>			
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 2-17-12	

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

Date of Notification (1) 2/20/12		Name of Building Owner/Operator (2) Bob Andreotta / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5000 B Long Beach Blvd							
		City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact Bob							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bob Andreotta / 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 5000 B Long Beach Blvd		Square Feet 1000+	# of Floors 2						
City (5) Brant Beach 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) 3/2/12	Scheduled Completion Date (11) 3/8/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	2000 SF	X			
Name of Registered Waste Hauler 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 3/8/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 2/20/12	

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

MO# 19807832070

Date of Notification (1)

02/21/2012

Name of Building Owner/Operator (2)

Janet Lucas

Agency Notified	Type Notification	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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	705 Broad Street City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Janet Lucas

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
705 Broad Street	
City (5)	

Bloomfield, NJ 07003

County (6)

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Essex

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
03/01/12	03/02/12	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)		
<input checked="" 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Basement			x	VAT Floor Tiles	350 SF	x		
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	Owner	<i>Janet Lucas</i>	02/21/2012

ASB-41

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

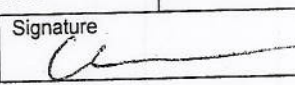
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 2/20/12		Name of Building Owner/Operator (2) Michael Baylor / Residence							
Agencies Notified	Type Notification	Street Address 107 North 14th 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Beach Haven NJ 08008							
		Name of Contact Michael							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Michael Baylor / 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 107 North 14th Street		Square Feet 1000+	# of Floors 2						
City (5) North Beach Haven 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. 856-753-9800	License No. 00727						
Start Date (10) 3/1/12	Scheduled Completion Date (11) 3/7/12	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	3000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 3/7/12	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 2/20/12			

* Emergency *

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

CK 2420

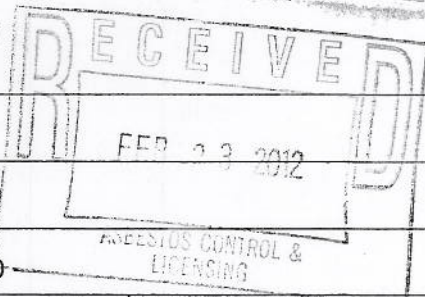
Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) Camden City Public School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 23 2012 </div>					
Agencies Notified		Type Notification				Street Address 201 N. Front Street			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Camden NJ 08102			
						Name of Contact Steve Nicolalla			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Davis Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 34th & Cramer Streets				Square Feet 1000+					
City (5) Camden NJ 08105				# of Floors 3					
County (6) Camden				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. 4		Name of Abatement Contractor (9) Pernaco Inc				
Street Address			Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091				
City, State, Zip Code			Telephone No. 856-753-9800		License No. 00727				
Project Manager for Monitoring Firm			Telephone No.		Name of OSHA Monitor Pernaco Inc				
Start Date (10) 2/17/12			Scheduled Completion Date (11) 2/18/12		Street Address PO Box 329				
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: After 5 PM					City, State, Zip Code West Berlin NJ 08091				
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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 210 A	X			Floor Tile	224 SF	X			
Music Room				Pipe Insulation	less than 8 lf	X			
Name of Registered Waste Hauler United Containers			NJDEP Waste Hauler ID No. 22458		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.		
City, State Elm NJ			Disposal Date 2/20/12		City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President		Signature 			Date 2/16/12	

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

1202-4448
Check #3857

Date of Notification (1) 2/21/12		Name of Building Owner / Operator (2) Hamilton Township BOE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 90 Park Ave.							
		City, State & Zip Code Hamilton, NJ 08690							
		Name of Contact Marco Fernandez							
		Telephone Number ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Reynolds MS		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 2145 Yardville-Hamilton Square Road		Square Feet	# of Floors						
City (5) Hamilton Twp.	County (6) Mercer	Bldg. Age							
Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Owner (8) Pars Environmental		ASCM No. 00131							
Street Address 6 A South Gold Drive		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State & Zip Code Robbinsville, NJ 08691		Street Address PO Box 25							
Project Manager for Monitoring Firm Roberto Feliz		Telephone Number 609-890-7277	License Number 00529						
Scheduled Start Date (10) 3/5/12	Scheduled Completion Date (11) 3/6/12	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 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 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
Freezer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic (Hole Drilling)	>1 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 1	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 3/6/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature <i>Gut</i>			Date 2/21/12		

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



Date of Notification (1) 2/21/12		Name of Building Owner/Operator (2) P.S.E. & G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 SOUTH PLAINFIELD, NJ 07080							
		Name of Contact BORIS TROYA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) P.S.E.&G		Type of Facility (4)							
Street Address 344 NORFOLK 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) NEWARK		Square Feet 24,000	# of Floors 3						
County (6) ESSEX		Bldg. Age 89 YRS							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SUB STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 3/6/2012	Scheduled Completion Date (11) 3/20/2012	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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 SOUTH RIVER, NJ 08882							
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) <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
1st FLOOR		X		SOCK COVERING & PANELS	60 LF	X			
MAIN FLOOR		X		CEILING TILE	1600 SF	X			
2nd FLOOR		X		TRANSITE PANELS	280 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 40	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date 3/20/2012		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>			Date 2/21/12		

APPROVED
NJ Dept. of Health & Senior Services
Date: 2/17/12 Name: [Signature]

Date of Notification (1)
02/17/12

Name of Building Owner/Operator (2)
A. ROBERT DILL

Street Address
419 OAK STREET

City, State, Zip Code
GARWOOD, NJ 07027

Name of Contact
A. ROBERT DILL

Telephone Number

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

Type Notification
☐ Initial
☐ Amended
☒ Emergency (Including justification)
☐ Cancellation

Amendment #:

RECEIVED
FEB 23 2012
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
A. ROBERT DILL

Street Address
419 OAK STREET

City (5)
GARWOOD

County (6)
UNION

County Code (7)
(State use only)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
02/23/12

Sched. Completion Date (11)
02/29/12

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

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf
☒ Renovation
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	68 L 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
02/24/12

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/17/12

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 12-72

Date of Notification (1) <u>02/17/12</u>		Name of Building Owner/Operator (2) A. ROBERT DILL	
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 419 OAK STREET City, State, Zip Code GARWOOD, NJ 07027	
		Name of Contact A. ROBERT DILL	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) A. ROBERT DILL			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 419 OAK STREET			Square Feet	# of Floors	Bldg. Age
City (5) GARWOOD	County (6) UNION	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) 02/23/12	Sched. Completion Date (11) 02/29/12		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 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"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	68 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"/>

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 02/24/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/17/12

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

Date of Notification (1)
10/21/18

Name of Building Owner/Operator (2)
PETER GEOGHEGAN

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

Type Notification
☒ Initial
☐ Amended
 Amendment #: _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
619 PALMER AVENUE

City, State, Zip Code
MAYWOOD, NJ 07670

Name of Contact
PETER GEOGHEGAN

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
PETER GEOGHEGAN

Street Address
619 PALMER AVENUE

City (5)
MAYWOOD

County (6)
BERGEN

County Code (7) (State use only)

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

Square Feet **# of Floors** **Bldg. Age**

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm **Phone Number**

Start Date (10)
02/28/12

Sched. Completion Date (11)
03/09/12

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

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		X		PIPE INSULATION	80 L 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
02/29/12

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/18/12

ANTONIETTE DI FABIO
 Street Address
 242 SECOND AVENUE
 City, State, Zip Code
 GARWOOD, NJ 07027
 Name of Contact
 ANTONIETTE DI FABIO
 Telephone Number
 REMEMBER - MAIL IN HARD COPY
 DOL 10 DAY
 FEB 17 2012

FACILITY INFORMATION
 Name of facility where abatement is taking place (3)
 ANTONIETTE DI FABIO
 Street Address
 242 SECOND AVENUE
 City (5)
 GARWOOD
 County (6)
 UNION
 County Code (7)
 (State use only)
 Type of Facility (4)
 School (K-12)
 Single-story (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)
 Square Feet
 # of Floors
 Bldg. Age
 Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
 Street Address
 City, State, Zip Code
 Project Manager for Monitoring Firm
 Phone Number
 Name of Abatement Contractor (9)
 D & S RESTORATION, INC.
 Street Address
 20 California Ave.
 City, State, Zip Code
 Paterson, NJ 07503
 Telephone Number
 973-345-8020
 License Number
 00159

Start Date (10)
 02/18/12
 Sched. Completion Date (11)
 02/20/12
 Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ >160 sf or >260 lf
☒ Renovation
☐ 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 o m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	36 L 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
 02/20/12
 City, State
 TULLYTOWN, PA
 Completed by (Print or Type)
 BOGDAN IOLDZIC
 Title
 PRESIDENT
 Signature
 Date
 02/17/12

ASR 41 Do not use this form for asbestos abatement exempted activities

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

D&S Proj. #: MS 12-73

Date of Notification (1) 02/17/12		Name of Building Owner/Operator (2) ANTONIETTE DI FABIO	
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 242 SECOND AVENUE		City, State, Zip Code GARWOOD, NJ 07027	
Name of Contact ANTONIETTE DI FABIO		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANTONIETTE DI FABIO			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 242 SECOND AVENUE			Square Feet		
City (5) GARWOOD			County (6) UNION		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 02/18/12			Sched. Completion Date (11) 02/20/12		
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 facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	36 L FT	<input checked="" 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 02/20/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/17/12

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 02/16/12		Name of Building Owner/Operator (2) NORTH JERSEY DEV. CENTER		APPROVED NJ Dept. of Health & Senior Services Date: 2/16/12 Time: 7:12 PM	
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 169 MINNISINK ROAD City, State, Zip Code TOTOWA, NJ	
Name of Contact BRIAN J. HOLBIG				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MAIN SCHOOL BUILDING			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 169 MINNISINK ROAD			Square Feet		
City (5) TOTOWA			County (6) PASSAIC		Brig. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL CONNECTION INC			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address 120 NORTH WARREN STREET			Street Address 20 California Ave.		
City, State, Zip Code TRENTON, NJ 08608			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm BRIAN J. HOLBIG			Telephone Number 973-345-8020		
Start Date (10) 02/16/12			License Number 00159		
Sched. Completion Date (11) 02/20/12			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		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code Paterson, NJ 07503		

- ☐ 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	E	E
	Yes	No	N/A						
BASEMENT		X		PIPE (WRAP & CUT)	60 LFT	X			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506			Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503	Disposal Date 02/17/12			City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT			Signature					
Date 02/15/12									

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

D&S Proj. #: MS 12-70

Date of Notification (1) 02/11/16		Name of Building Owner/Operator (2) NORTH JERSEY DEV. CENTER	
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 169 MINNISINK ROAD		City, State, Zip Code TOTOWA, NJ	
Name of Contact BRIAN J. HOLBIG		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MAIN SCHOOL BUILDING			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 169 MINNISINK ROAD			Square Feet # of Floors Bldg. Age		
City (5) TOTOWA	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL CONNECTION INC		ASCM No. N/A	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address 120 NORTH WARREN STREET		Street Address 20 California Ave.			
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm BRIAN J. HOLBIG		Phone Number 609-392-4200	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 02/16/12		Sched. Completion Date (11) 02/20/12			
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 facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

☒ >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"/>		PIPE (WRAP & CUT)	60 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/17/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/15/12

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 2/17/12 Time: 9:49 AM

Date of Notification (1)
02/17/12

Name of Building Owner/Operator (2)
VICTOR PAREJA

Street Address
912 WESTMINSTER AVENUE

City, State, Zip Code
HILLSIDE, NJ 07205

Name of Contact
VICTOR PAREJA

Telephone Number

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

Type Notification
☐ Initial
☐ Amended
Amendment #:
☒ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
VICTOR PAREJA

Street Address
912 WESTMINSTER AVENUE

City (5)
HILLSIDE

County (6)
UNION

County Code (7)
(State use only)

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

Square Foot
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Street Address
City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.
Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
02/25/12

Sched. Completion Date (11)
03/05/12

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

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥280 lf
- ☒ Renovation
☐ 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		X		BOILER INSULATION	72 SQ FT	X			
BASEMENT		X		PIPE INSULATION	85 L FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.
City, State
PATERSON, NJ 07503

NJDEP Hauler ID#
13506

Cubic Yards of Waste
3 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY
City, State
TULLYTOWN, PA

Disposal Date
02/20/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/17/12

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

D&S Proj. #: MS 12-71

Date of Notification (1) <u>0</u> / <u>2</u> / <u>1</u> <u>1</u> / <u>7</u> <u>1</u> / <u>2</u>		Name of Building Owner/Operator (2) <u>VICTOR PAREJA</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>912 WESTMINSTER AVENUE</u>	
		City, State, Zip Code <u>HILLSIDE, NJ 07205</u>	
		Name of Contact <u>VICTOR PAREJA</u>	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>VICTOR PAREJA</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>912 WESTMINSTER AVENUE</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>HILLSIDE</u>	County (6) <u>UNION</u>	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) <u>D & S RESTORATION, INC.</u>		
Street Address _____			Street Address <u>20 California Ave.</u>		
City, State, Zip Code _____			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>		License Number <u>00159</u>
Start Date (10) <u>02/25/12</u>		Sched. Completion Date (11) <u>03/05/12</u>	Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			Street Address <u>20 California Avenue</u>		
			City, State, Zip Code <u>Paterson, NJ 07503</u>		

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

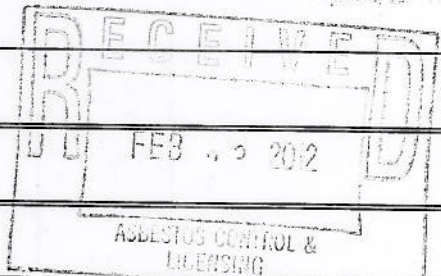
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER INSULATION	72 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	85 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>3 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>02/20/12</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>02/17/12</u>

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

D&S Proj. #: MS 12-71

Date of Notification (1) <u>02/12/10</u>		Name of Building Owner/Operator (2) VICTOR PAREJA	
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 checked="" type="checkbox"/> Amended Amendment #: <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 912 WESTMINSTER AVENUE		City, State, Zip Code HILLSIDE, NJ 07205	
Name of Contact VICTOR PAREJA		Telephone Number [REDACTED]	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) VICTOR PAREJA			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 912 WESTMINSTER AVENUE			Square Feet # of Floors Bldg. Age		
City (5) HILLSIDE	County (6) UNION	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) 03/05/12		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)

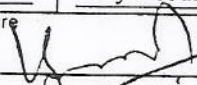
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	72 SQ FT	<input checked="" type="checkbox"/>			
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	85 L FT	<input checked="" type="checkbox"/>			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/20/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/20/12

2151

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

Date of Notification (1) <u>02/21/2012</u>		Name of Building Owner/Operator (2) County of Essex						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>900 Bloomfield Ave</u> City, State, Zip Code <u>Verona, NJ</u> Name of Contact <u>Sanjeev Vargheese</u> Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Hall of Records</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>465 MLK Jr. Blvd</u>		Square Feet <u>25,000 SF</u>	# of Floors <u>4</u>					
City (5) <u>Newark</u>		Bldg. Age <u>80+</u>						
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Office Bldg.</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>J & S Environmental Services</u>		ASCM No. <u>N/A</u>	Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u>					
Street Address <u>2333 Rt 22 West</u>		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>						
City, State, Zip Code <u>Union, NJ 07083</u>		City, State, Zip Code <u>Clifton, NJ 07012</u>						
Project Manager for Monitoring Firm <u>Sherry Gelsomino</u>		Telephone No. <u>908-206-0073</u>	License No. <u>00693</u>					
Start Date (10) <u>3/2/2012</u>	Scheduled Completion Date (11) <u>3/3/2012</u>	Name of OSHA Monitor <u>DIA General Construction, Inc.</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>						
		City, State, Zip Code <u>Clifton, NJ 07012</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> >160 sf or >260 If		<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"/> Govebag 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
Room 506	X			Radiator Insulation	23 SF	X		
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Cubic Yards of Waste <u>1 CY</u>	Name of Registered Landfill <u>Minerva Landfill</u>				
City, State <u>New Castle DE</u>		Disposal Date <u>03/02/2012</u>		City, State <u>Waynesburgh OH</u>				
Completed By <u>Krutarth Jagad</u>	Title <u>President</u>	Signature 			Date <u>02/21/2012</u>			


ASB41

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

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2319

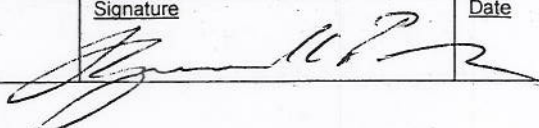
GAC Project # 2012-310

Date of Notification (1) February 17, 2012		Name of Building Owner/Operator (2) CITY OF NEWARK	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification - #1 new start & completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 420 CITY HALL
			City, State, Zip Code NEWARK, NJ 07102
		Name of Contact MR. MEDHI MOHAMMADISH	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE		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.) Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years	
Street Address 87 - 89 ELM ROAD		Current Use (prior if being demolished): FIREHOUSE	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC.		ASCM No. 0004	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 CROSWICKS ROAD		Street Address 268 MAIN STREET	
City, State, Zip Code BORDENTOWN, NJ 08055		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm MR. MIKE HOODAK	Telephone Number 609-298-5520	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 02/27/12	Scheduled Completion Date (11) 05/07/12	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 200 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 05/07/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date February 17, 2012

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

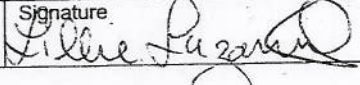
GAC Project # 2012-310

Date of Notification (1) February 3, 2012			Name of Building Owner/Operator (2) CITY OF NEWARK		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 420 CITY HALL City, State, Zip Code NEWARK, NJ 07102 Name of Contact MR. MEDHI MOHAMMADISH	
				Telephone Number 	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) CHESTNUT STREET FIREHOUSE Street Address 87 - 89 ELM ROAD City (5) NEWARK			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.) Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years Current Use (prior if being demolished): FIREHOUSE		
County (6) ESSEX		County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC.			ASCM No. 0004		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 CROSWICKS ROAD			Street Address 268 MAIN STREET		
City, State, Zip Code BORDENTOWN, NJ 08055			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm MR. MIKE HOODAK		Telephone Number 609-298-5520		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 02/21/12		Scheduled Completion Date (11) 04/30/12		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: SUB 8 UNOCCUPIED			Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13) THROUGHOUT	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) WALL PLASTER	Amount (Specify SF or LF) 15,000SF	Abatement Type Remove Repair Encap Enclose	
THROUGHOUT	<input checked="" type="checkbox"/>	PIPE INSULATION	525 LF	<input checked="" type="checkbox"/>	
THROUGHOUT	<input checked="" type="checkbox"/>	WIRE INSULATION	2,000 LF	<input checked="" type="checkbox"/>	
THROUGHOUT	<input checked="" type="checkbox"/>	FIRE DOORS	20 EA	<input checked="" type="checkbox"/>	
BOILER ROOM	<input checked="" type="checkbox"/>	CEILING PLASTER	790 SF	<input checked="" type="checkbox"/>	
BOILER ROOM	<input checked="" type="checkbox"/>	FLUE PATCH	5 SF	<input checked="" type="checkbox"/>	
BOILER ROOM	<input checked="" type="checkbox"/>	MOTTLED BROWN FLOOR COVERING	4 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 200 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date 04/30/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER		Signature 	Date February 3, 2012

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak

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

CK# 3582

Date of Notification (1) 2-17-2012		Name of Building Owner/Operator (2) Legow Management							
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 160 South Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers, Apt. 2M		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 Jersey Str.		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) 2-26-2012	Scheduled Completion Date (11) 2-27-2012^{est}		Name of OSHA Monitor Jadar Contracting, LLC						
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: <u>9 am - 5 pm</u>		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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)	85 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 			Date 2-17-2012			

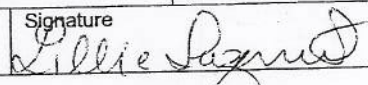
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 3576

Date of Notification (1) 2-17-2012		Name of Building Owner/Operator (2) Morgan Properties							
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 160 Clubhouse Road							
		City, State, Zip Code King of Prussia, PA 19406							
		Name of Contact David	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 76 Market Street		Square Feet 2500	# of Floors 10+ Bldg. Age 50+						
City (5) Perth Amboy		Current Use (Prior if being demolished) Apartment Bldg.							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____								
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. 973-706-7950	License No. 01088						
Start Date (10) 3-5-2012		Scheduled Completion Date (11) 3-9-2012							
Name of OSHA Monitor Jadar Contracting, LLC									
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: 9am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 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
Basement			✗	Asbestos Elbows	150 Elbows	✗			
Basement			✗	Asbestos Pipe Insulation	240 LF	✗			
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 2-17-2012			

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

Ch# 3581

Date of Notification (1) 2-17-2012		Name of Building Owner/Operator (2) Legow Management						
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 160 South Livingston Ave.						
		City, State, Zip Code Livingston, NJ 07039						
		Name of Contact John	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Center Grove Village Apt. 5-6		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 Quaker Church Road		Square Feet	# of Floors 50+					
City (5) Randolph		Bldg. Age						
County (6) Morris	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	Telephone No. 973-706-7950					
		License No. 01088						
Start Date (10) 2-27-2012		Scheduled Completion Date (11) 2-28-2012						
Name of OSHA Monitor Jadar Contracting, LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>9am - 5 pm</u>		Street Address 22 Troy Lane						
		City, State, Zip Code Lincoln Park, NJ 07035						
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 250 SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Kitchen Floor			X	VAT (Multi layer, no mastic)	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 		Date 2-17-2012			

NOTIFICATION OF ASBESTOS ABATEMENT

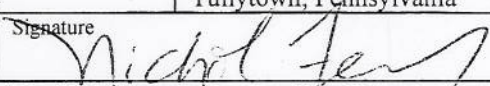
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/25/12		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 940 Park Avenue	
		City, State, Zip Code Lakewood, New Jersey 08701	
		Name of Contact Irving Perlstein	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1441 Canterbury Road					
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# 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) 2/29/12		Scheduled Completion Date (11) 3/2/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	1500 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 3/5/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 	Date 1/25/2012

*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)

No check

Date of Notification (1) 02/16/12		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 checked="" type="checkbox"/> Amended Amendment #1 <input 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	Telephone Number						
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 Feet 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 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						
		License No. 01104							
Start Date (10) 02/15/12	Scheduled Completion Date (11) 02/17/12	Name of OSHA Monitor J&S Environmental LLC							
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"/> ≥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) <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
Corridor/Stairwell #3	X			O&M Pipe Insulation	4 LF		X		
Ladies Bathroom in Faculty Room	X			O&M Pipe Insulation	2LF		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 02/16/12			

Print Form

REMEMBER - MAIL IN HARD COPYState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 02/13/12 Ck:1849		\$200	Name of Building Owner/Operator (2) Montclair Board of Education		DOL - 10 DAY FEB 13 2012 WAM / ED			
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 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) Mt. Hebron School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (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 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	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 ≥280 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enduse	
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		

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

No check

Date of Notification (1) 02/16/12		Name of Building Owner/Operator (2) Montclair Board of Education							
Agencies Notified	Type Notification	Street Address 22 Valley Road							
<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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, New Jersey 07042							
		Name of Contact Lenny Saponaro	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Watchung 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 14 Garden Street		Square Feet 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 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						
License No. 01104									
Start Date (10) 02/15/12	Scheduled Completion Date (11) 02/17/12	Name of OSHA Monitor J&S Environmental LLC							
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"/> ≥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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Custodian Room	X			O&M Pipe Insulation	2 LF		X		
Basement Corridor	X			O&M Pipe Insulation	2LF		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 02/16/12			

Print Form

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

DOI - 10 DAY


Date of Notification (1) 02/13/12 CK:1850		Name of Building Owner/Operator (2) Montclair Board of Education		<div style="border: 1px solid black; padding: 5px;"> <p>FILED 13/2012</p> <p><i>Tatiana Kalenikova</i></p> <p>WAIVER APPROVED</p> <p>Telephone Number</p> </div>				
Agencies Notified		Type Notification				Street Address 22 Valley Road		
<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				City, State, Zip Code Montclair, New Jersey 07042		
						Name of Contact Lenny Saponaro		
FACILITY INFORMATION								
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			
County (6) Essex				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
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)**

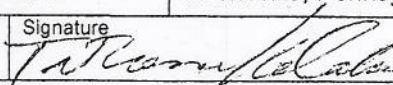
CIC 3373

Date of Notification (1) 2/17/12		Name of Building Owner/Operator (2) MR. EDWARD AVERGUN				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 FERONIA WAY				
		City, State, Zip Code RUTHERFORD . NJ . 07070				
		Name of Contact MR. AVERGUN				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. AVERGUN		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 33 FERONIA WAY		Square Feet 1800	# of Floors 2			
City (5) RUTHERFORD		Bldg. Age 1935				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 2/28/12		Scheduled Completion Date (11) 2/29/12				
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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 5PM		Name of OSHA Monitor Omega Environmental Services				
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 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) BASEMENT	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) THERMAL SYSTEMS INSULATION	Amount (Specify SF or LF) 75LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Atlantic Waste Services		NJDEP Waste Hauler ID No. 22592	Cubic Yards of Waste 1 1/2	Name of Registered Landfill IESI Landfill		
City, State Rochelle Park, N.J. 07662		Disposal Date 2/28/12	City, State Behtlehem, PA 18015			
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>		Date 2/17/12		

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

Date of Notification (1) 02/17/12 Ck: 1862 \$200			Name of Building Owner/Operator (2) Meuer Development, LLC						
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		9 Main Street					
				City, State, Zip Code Annandale, New Jersey 08801					
				Name of Contact Phil Franzone					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Village Green at Annandale				Type of Facility (4)					
Street Address 46 East 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) Annandale, New Jersey 08801				Square Feet 20,000	# of Floors 2				
				Bldg. Age 55+					
County (6) Hunterdon		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Housing					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation					
Street Address				Street Address 606 McBride Avenue					
City, State, Zip Code				City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 02/20/12		Scheduled Completion Date (11) 02/27/12		Name of OSHA Monitor J&S Environmental Labs L.L.C					
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: 7am Start				City, State, Zip Code Union, New Jersey 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Roof Shingles	1,140 SF	X			
Interior		X		Transite Insulation	400 SF	X			
Boiler Room	X			Small Boiler	50 SF	X			
Boiler Room	X			Pipe Insulation/Elbows	20 LF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 9	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 02/28/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova			Title Vice President	Signature 		Date 02/17/12			

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

Date of Notification (1) 02/08/12 Ck:1819 \$200		Name of Building Owner/Operator (2) Meuer Development, LLC							
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	9 Main Street							
		City, State, Zip Code Annandale, New Jersey 08801							
		Name of Contact Phil Franzone	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Village Green at Annandale		Type of Facility (4)							
Street Address 46 East 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) Annandale, New Jersey 08801		Square Feet 20,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 02/20/12	Scheduled Completion Date (11) 02/23/12	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: 7am start		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Roof Shingles	1,140 SF	X			
Exterior		X		Transite Insulation	400 SF	X			
Boiler Room	X			Small Boiler		X			
Boiler Room	X			Pipe Insulation/Elbows	50 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 02/28/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature 	Date 02/08/12				