

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

Check #1411

Date of Notification (1) 2-19-2013		Name of Building Owner/Operator (2) Morris Hills Regional District							
Agencies Notified	Type Notification	Street Address 48 Knoll Drive							
<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 Rockaway, NJ 07866-4024							
		Name of Contact Steve A. Ternosky	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris Hills High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 520 West Main Street		Square Feet 229,760	# of Floors 2						
City (5) Rockaway		Bldg. Age 53							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 03-26-2013	Scheduled Completion Date (11) 03-28-2013	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stage		X		ACM Wiring	40 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 2/19/2013			

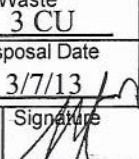
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check #1411

Date of Notification (1) 2-19-2013		Name of Building Owner/Operator (2) Morris Hills Regional District							
Agencies Notified	Type Notification	Street Address 48 Knoll Drive							
<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 Rockaway, NJ 07866-4024							
		Name of Contact Steve A. Ternosky	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris Hills High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 520 West Main Street		Square Feet 229,760	# of Floors 2						
City (5) Rockaway		Bldg. Age 53							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 307 North Walnut Street		Street Address 140 Hamburg Tpke							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Bloomingtondale, NJ 07403							
Project Manager for Monitoring Firm Paul F. McCaa		Telephone No. 610-431-7545	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 03-26-2013	Scheduled Completion Date (11) 03-28-2013	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingtondale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stage		X		ACM Wiring	40 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingtondale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 2/19/2013			

CK # 25080

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

Date of Notification (1) <u>2/20/13</u>		Name of Building Owner/Operator (2) <u>Tom Houston</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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>59-61 N. Bridge Street</u> City, State, Zip Code <u>Red Bank, NJ 07701</u> Name of Contact <u>Tom Houston</u> Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>59-61 N. Bridge Street</u>		Square Feet <u>3000</u>	# of Floors <u>2</u>
City (5) <u>Red Bank, NJ 07701</u>		Bldg. Age <u>90</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>3/4/13</u>	Scheduled Completion Date (11) <u>3/7/13</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/7/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
			City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/20/13</u>

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

D&S Proj. #: 2013

DATE OF NOTIFICATION (1)
10/21/1913

NAME OF BUILDING OWNER/OPERATOR (2)
PHYLLIS GERBER

STREET ADDRESS
35 ROSE AVENUE

CITY, STATE, ZIP CODE
SPRINGFIELD, NJ

NAME OF CONTACT
PHYLLIS GERBER

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)
PHYLLIS GERBER

STREET ADDRESS
35 ROSE AVENUE

CITY (5)
SPRINGFIELD

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)
STREET ADDRESS
CITY, STATE, ZIP CODE
PROJECT MANAGER FOR MONITORING FIRM
PHONE NUMBER
START DATE (10)
02/20/13
SCHED. COMPLETION DATE (11)
02/28/13
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
01169
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-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	70 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTERED WASTE HAULER
D & S RESTORATION, INC.

NJDEP HAULER ID#
13506

CUBIC YARDS OF WASTE
1 YD

NAME OF REGISTERED LANDFILL
TULLYTOWN, RESOURCE RECOVERY

CITY, STATE
PATERSON, NJ 07503

DISPOSAL DATE
02/21/13

CITY, STATE
TULLYTOWN, PA

DATE
02/19/13

COMPLETED BY (Print or Type)
BOGDAN JOLDZIC

TITLE
PRESIDENT

SIGNATURE

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

CK 064410

D&S Proj. #: 2013

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

2013 FEB 25 PM 2:00
RECEIVED
& LICENSING

Date of Notification (1) 02/19/13		Name of Building Owner/Operator (2) ROSEANN SCARPA FUCCLLI	
Agencies Notified	Type Notification	Street Address 95 BOOREAM AVE.	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code JERSEY CITY, NJ 07306	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ROSEANN SCARPA FUCCLLI	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ROSEANN SCARPA FUCCLLI			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 95 BOOREAM AVE.			Square Feet # of Floors Bldg. Age		
City (5) JERSEY CITY	County (6) HUDSON	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 01169
Start Date (10) 02/20/13		Sched. Completion Date (11) 02/28/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		Boiler Insulation	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/21/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/19/13

D&S Proj. #: 2013

Fax:

Feb 19 2013 12:46pm P001/001

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

APPROVED
NJ Dept. of Health & Senior Services
2013 FEB 25 PM 2:02
(Signature) 11:45

Date of Notification (1)
02/19/13

Name of Building Owner/Operator (2)
ROSEANN SCARPA FUCCLLI

Street Address
95 BOOREAM AVE.

City, State, Zip Code
JERSEY CITY, NJ 07306

Name of Contact
ROSEANN SCARPA FUCCLLI

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)
ROSEANN SCARPA FUCCLLI

Street Address
95 BOOREAM AVE.

City (5)
JERSEY CITY

County (6)
HUDSON

County Code (7) (State use only)

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
01169

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)
02/20/13

Sched. Completion Date (11)
02/28/13

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
☐ ≥180 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c o p	E n c o l
	Yes	No	N/A						
BASEMENT									
BASEMENT BOILER				PIPE INSULATION	20 L.F.T.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Boiler Insulation	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJ DEP Hauler ID#
13506

Cubic Yards of Waste
1 YD

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
TULLYTOWN, PA

Disposal Date
02/21/13

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
02/19/13

Do not use this form for asbestos licensure exempted activities.

CK 004491

D&S Proj. #: 2013

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

RECEIVED
2013 FEB 25 PM 2:58
AT THE DEPT. OF ENVIRONMENTAL
& LICENSING

Date of Notification (1) 02/19/13		Name of Building Owner/Operator (2) RICH MATTESSICH	
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 570 FERN STREET		City, State, Zip Code TWP. OF WASHINGTON, NJ	
Name of Contact RICH MATTESSICH		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICH MATTESSICH			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 570 FERN STREET			Square Feet		
City (5) TWP. OF WASHINGTON			County (6) BERGEN		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

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 Paterson, NJ 07503	
City, State, Zip Code		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 03/05/13		Sched. Completion Date (11) 05/18/13		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R 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 5 LOCATIONS		X		DUCT WORK	20 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 03/06/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/19/13	

* 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 and 12:120)

1208-4536
CHECK #4947

RECEIVED

Date of Notification (1) 2/14/13		Name of Building Owner / Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 45 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 7718	
	City, State & Zip Code Ewing, NJ 08628		
	Name of Contact Amanda Radosti		
	Telephone Number [REDACTED]		

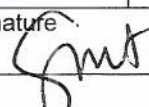
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) The College of New Jersey			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 2000 Pennington Road			Square Feet # of Floors Bldg. Age		
City (5) Ewing	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Manhole		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1253 North Church Street		Street Address 30 Maple Ave			
City, State & Zip Code Moorestown, NJ 08057		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-840-8800	Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 11/8/12	Scheduled Completion Date (11) 2/28/13		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

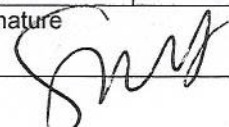
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manholes #3 & #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 15	Name of Registered Landfill T.R.R.F. Landfill	
City, State Lumberton, NJ		Disposal Date 2/28/13		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 2/14/13

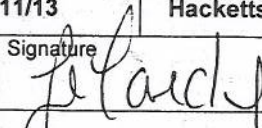
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1302-4603
Check #4946

Date of Notification (1) 2/14/13		Name of Building Owner / Operator (2) PSE&G							
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 80 Park Plaza City, State & Zip Code Newark, NJ 07101 Name of Contact Drew Shuda							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Pennsauken Substation		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 Route 130		Square Feet	# of Floors						
City (5) Pennsauken	County (6) Camden	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Substation Exterior							
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1224 Hamilton Ave. PO Box 33004		Street Address PO Box 25							
City, State & Zip Code Trenton, NJ 08629		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone Number 609-915-1140	License Number 00529						
Scheduled Start Date (10) 2/25/13	Scheduled Completion Date (11) 3/1/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input 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"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abandoned pipe encased in bitumastic covering (2' sections)	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill					
City, State Camden, NJ		Disposal Date 3/1/13		City, State Morrisville, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 2/14/13			

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

RECEIVED
2013 FEB 25 PM 2:00
& LICENSING

Date of Notification (1) <u>2</u> / <u>22</u> / <u>13</u>		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive							
		City, State, Zip Code PLano, TX 75024							
		Name of Contact Soy Thomas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 260 Wayne Town Center									
City (5) Wayne		Square Feet 150000	# of Floors 2						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age 75						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	Telephone No. 718-605-6256						
Start Date (10) <u>2</u> / <u>11</u> / <u>13</u>		Scheduled Completion Date (11) <u>3</u> / <u>11</u> / <u>13</u>	License No. 00774						
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> </u> AM - <u> </u> PM / 10:00 PM - 6:00 AM		Name of OSHA Monitor Testor Tech							
		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC, NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input 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
2nd Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	3755	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Level Marchese Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	850	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 40	Name of Registered Landfill Global Waste Industries, Inc.					
City, State Newark NJ		Disposal Date 3/11/13		City, State Hackettstown, NJ					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature 		Date 2/22/13			

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

D&S Proj. #: MS 13-54

Date of Notification (1) 02/12/13		Name of Building Owner/Operator (2) HANY KALDAS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 260 OTTAWA AVENUE City, State, Zip Code HASBROUCK HEIGHTS, NJ	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact HANY KALDAS Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HANY KALDAS			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 260 OTTAWA AVENUE			Square Feet		
City (5) HASBROUCK HEIGHTS			County (6) BERGEN		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 02/21/13		Sched. Completion Date (11) 02/28/13	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >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 INSULATION	120 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 02/22/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/20/13

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

D&S Proj. #: MS 13-54

Date of Notification (1) 02/12/13		Name of Building Owner/Operator (2) HANY KALDAS	
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 260 OTTAWA AVENUE		City, State, Zip Code HASBROUCK HEIGHTS, NJ	
Name of Contact HANY KALDAS		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HANY KALDAS			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 260 OTTAWA AVENUE			Square Feet # of Floors Bldg. Age		
City (5) HASBROUCK HEIGHTS	County (6) BERGEN	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 01169
Start Date (10) 02/21/13		Sched. Completion Date (11) 02/28/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-triiple 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	120 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/22/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 02/20/13

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 2013

ck 604494

Date of Notification (1) 10/21/2013		Name of Building Owner/Operator (2) TOM MINDEN	
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 17 FAIRFIELD TERRACE		City, State, Zip Code SHORT HILLS, NJ 07078	
Name of Contact TOM MINDEN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TOM MINDEN			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 17 FAIRFIELD TERRACE			Square Feet		
City (5) SHORT HILLS			County (6) ESSEX		# of Floors
County Code (7) (State use only)			Bldg. Age		
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 03/06/13		Sched. Completion Date (11) 03/22/13		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

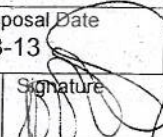
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		X		DUCT INSULATION	60 SQ FT	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/07/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 02/20/13	

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

No check

RECEIVED
2013 FEB 25 PM 2:08
& LICENSING

Date of Notification (1) 2-21-13		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield New Jersey 07080							
		Name of Contact Rich Hoarle	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McCarter Switching Station		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 Littleton Avenue		Square Feet 100,000	# of Floors 5						
City (5) Newark, New Jersey 07107		Bldg. Age 55 years							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) CNS Management		ASCM No.	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 208 Newtown Road		Street Address 3000 Burns Avenue							
City, State, Zip Code Plainview, NY 11803		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Michael Nolan		Telephone No. 917-299-7122	Telephone No. 516-876-0020						
			License No. 01085						
Start Date (10) 1-14-13	Scheduled Completion Date (11) 12-31-12	Name of OSHA Monitor Gramercy Group Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility scheduled for demolition. No occupancy		Street Address 3000 Burns Avenue							
		City, State, Zip Code Wantagh, NY 11793							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Please see attached			X	See Attached	See Attached	X			
Name of Registered Waste Hauler Gramercy Group Inc.		NJDEP Waste Hauler ID No. 32981	Cubic Yards of Waste 400	Name of Registered Landfill GROWS North Landfill					
City, State Wantagh New York		Disposal Date 3-3-13		City, State Morrisville PA					
Completed by Robert Lewin		Title Environmental Coordinator		Signature 		Date 2-21-13			

MATERIAL	ESTIMATED QUANTITY	
	UNITS	TOTAL
<i>Asbestos</i>		
Thermal Insulation	lin. ft.	250
Thermal Insulation	lin. ft.	100
Thermal Insulation	lin. ft.	10
Transite	sq. ft.	250
Transite	sq. ft.	200
Floor Tile	sq. ft.	2800
Floor Tile Mastic	sq. ft.	3500
Floor Debris	sq. ft.	250

RECEIVED
2013 FEB 25 PM 2:08
& LEEHONG

CHECK # 231

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

*** EMERGENCY ***

Date of Notification (1) 2/14/12		Name of Building Owner/Operator (2) MR. BRAIN ZOUBEK							
Agencies Notified	Type Notification	Street Address 104 N HINCHMAN AVE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HADDONFIELD N.J.							
		Name of Contact MR. BRAIN ZOUBEK	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address 104 N HINCHMAN AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HADDONFIELD NEW JERSEY	Square Feet 2800	# of Floors 3	Bldg. Age 60 YRS						
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENT							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL MANAGEMENT INTL		ASCM No.	Name of Abatement Contractor (9) GRAHAMTECH ENVIRONMENTAL SERVICE LLC						
Street Address 34E GERMANTOWN PIKE #204		Street Address 14 READ DRIVE							
City, State, Zip Code EAST NORRITON PA. 19401		City, State, Zip Code SICKLERVILLE NJ 08081							
Project Manager for Monitoring Firm RAYMOND J. GIORDANO		Telephone No. 610-277-0405	Telephone No. 856-318-1341						
License No. 01158									
Start Date (10) 2/16/13	Scheduled Completion Date (11) 2/18/13	Name of OSHA Monitor GRAHAMTECH ENVIRONMENTAL SERVICE LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 14 READ DRIVE							
<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 SICKLERVILLE NJ 08081							
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 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
FIRST FLOOR		<input checked="" type="checkbox"/>		ASBESTOS DUCT WRAPPING	105F	<input checked="" type="checkbox"/>			
BASEMENT		<input checked="" type="checkbox"/>		ASBESTOS DUCT WRAPPING	105F	<input checked="" type="checkbox"/>			
BASEMENT		<input checked="" type="checkbox"/>		ASBESTOS PIPE INSULATION	12 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler GRAHAMTECH ENVIRONMENTAL SERVICE		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill ATLANTIC COUNTY UTILITIES					
City, State EGG HARBOR NJ		Disposal Date	City, State EGG HARBOR NJ						
Completed by WILLIS GRAHAM		Title OWNER	Signature [Signature]		Date 2/14/13				

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

2013 FEB 20
PH 2-68

Date of Notification (1) 2-18-13		Name of Building Owner/Operator (2) Matteo/Maintino						
Agency Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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	3125 Central Ave City, State, Zip Code Ocean City Name of Contact Matteo Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4)						
Street Address 3125/3127 Central Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Ocean City	Square Feet 2400	# of Floors 2	Bldg. Age 70					
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)						
Street Address		An: Joe LLC						
City, State, Zip Code		Street Address 1212 Burlington Ave						
		City, State, Zip Code Delanco NJ 08075						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 824 0971	License No. 01070					
Start Date (10) 2-28-13	Scheduled Completion Date (11) 3-6-13	Name of OSHA Monitor Self						
Occupancy Status During Abatement (Check only one)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Outside				(ACM) Siding	1700 SF			
Name of Registered Waste Hauler Jack Robinson		NJDEP Waste Hauler ID No. 28368	Cubic Yards of Waste	Name of Registered Landfill WM of PA.				
City, State Bellmawr NJ		Disposal Date	City, State Tullytown PA					
Completed by Joe Hill	Title VP	Signature JH	Date 2-18-13					

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

Date of Notification (1) 2-18-13		Name of Building Owner/Operator (2) FIRST COMMERCIAL BANK							
Agency Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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	105 River Ave City, State, Zip Code Lakewood NJ 08701							
		Name of Contact OPATUT Abe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FIRST COMMERCIAL BANK		Type of Facility (4)							
Street Address 40 North Main St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Allentown	Square Feet	# of Floors	Bldg. Age						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)							
Street Address		Ami Inc LLC							
City, State, Zip Code		Street Address 1212 Burlington Ave							
		City, State, Zip Code Delanco NJ							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 8568240971	License No. 01020						
Start Date (10) 2-28-13	Scheduled Completion Date (11) 3-7-13	Name of OSHA Monitor Self							
Occupancy Status During Abatement (Check only one)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" 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 (C) 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
FIRST FLOOR				(ACM) FLOOR TILE	300sf	<input checked="" type="checkbox"/>			
BASEMENT				Flo & Packaging	25sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler J Robinson		NJDEP Waste Hauler ID No. 28368	Cubic Yards of Waste 3	Name of Registered Landfill WM of PA					
City, State Bellmawr NJ		Disposal Date TBD	City, State Tullytown Pa						
Completed by Joe Hill		Title VP	Signature AH		Date 2-18-13				

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

2013 FEB 15 PM 2:08
 LIBRARY

Date of Notification (1) 2-18-13		Name of Building Owner/Operator (2) Amechi / Mainline							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3432 West Ave							
		City, State, Zip Code Ocean City							
		Name of Contact Amechi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3432 West Ave		Square Feet 2400	# of Floors 2						
City (5) Ocean City		Bldg. Age 70							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ani Joe LLC							
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco NJ 08075							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609 346 0916	License No. 01076						
Start Date (10) 2-18-13	Scheduled Completion Date (11) 3-6-13	Name of OSHA Monitor Self							
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							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovbag 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
OUTSIDE				(ACM) Siding	1700 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler J Robinson		NJDEP Waste Hauler ID No. 28368	Cubic Yards of Waste	Name of Registered Landfill WM of Pa					
City, State Bellmawr NJ		Disposal Date	City, State Tullytown Pa						
Completed by Joe Hill	Title VP	Signature JH				Date 2-18-13			

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

ETS JOB # 3915/13

AMENDMENT #


Date of Notification (1) 2/13/2013		Name of Building Owner / Operator (2) Port Authority of New York & New Jersey	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	241 Erie Street, Room 236	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	New Jersey, NJ 07310	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Mr. Ralph Campione	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Terminal B, B-2 Connector Departures Level			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
Newark International Airport, Newark, NJ			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Newark	Essex		1.2 Mil	2	50+
			Current Use (Prior if being demolished)		
			Airport		
Name of Monitoring Firm Hired by Building Owner (8) THE PORT AUTHORITY OF NY & NJ			Name of Abatement Contractor (9) ETS Contracting, Inc.		
Street Address			Street Address		
241 ERIE STREET, ROOM 236			160 Clay Street		
City, State & Zip Code			City, State & Zip Code		
JERSEY CITY, NJ 073100			Brooklyn, NY 11222		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
MR. RALPH CAMPIONE		973-624-6898	718-706-6300		00511
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
4/1/2013	7/31/2013		TESTOR TECH, INC.		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			10 59 JACKSON AVENUE		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			City, State & Zip Code		
Describe: MONDAY - FRIDAY 7:00 AM - 3:30 PM			L.I.C., NY 11101		
<input type="checkbox"/> Other - Describe:					

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 checked="" type="checkbox"/> Large Project		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other: I	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Terminal B- B-2 Connector, Dept. Level	NO	FIREPROOFING	5,800 SF	Removal
Terminal B- B-2 Connector, Dept. Level	NO	PIPE	1,200 LF	Removal

Name of Registered Waste Hauler TRI-STATE TRANSFER		NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 120	Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 		Date 2/13/2013	