

22699

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

ETS JOB # 3771/12, 3773/12

AMENDMENT # 2

Date of Notification (1) 2/21/12		Name of Building Owner / Operator (2) Anheuser Busch, Inc.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		
Street Address 200 Route 1 South		City, State & Zip Code Newark, NJ 07114-2298		
Name of Contact Mr. Jasse Gross		Telephone Number 718-706-6300		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Anheuser Busch, 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 200 Route 1 South			Square Feet 35,000	# of Floors 3
City (5) Newark	County (6) Essex	County Code (7)	Bldg. Age 50+	
Current Use (Prior if being demolished) Office				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) ETS Contracting, Inc.	
Street Address 64 Broad Street		Street Address 160 Clay Street		
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Brooklyn, NY 11222		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number (732) 290-2217	Telephone Number 718-706-6300	License Number 00511
Scheduled Start Date (10) 02/21/12	Scheduled Completion Date (11) 2/24/12		Name of OSHA Monitor Environmental Tactics, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Work Area Vacated - Working Hours from 7:00am-3:30pm			Street Address 64 Broad Street	
			City, State & Zip Code Matawan, NJ 0774	
Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Other:				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Stock House	Yes	Pipe Insulation	12LF	Removal
Power House	Yes	Pipe Insulation	22 LF	Removal
BP & S Basement	Yes	Pipe Insulation	10 LF	Removal
Name of Registered Waste Hauler Tri State Transfer	NJDEP Waste Hauler ID # 19551	Cu. Yds. of Waste 3	Name of Registered Landfill Minerva Enterprises	
City, State Bronx, NY	Disposal Date TBD	City, State Waynesburg, OH		
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature <i>Richie Smith</i>		Date 02/21/12

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

Date of Notification (1) 2 / 23 / 12		Name of Building Owner/Operator (2) CRDA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1014 Atlantic Ave							
		City, State, Zip Code Atlantic City, NJ 08404							
		Name of Contact W. Rachelle Knight							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Block 317 - Lot 4		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 1124 Blatic Ave		Square Feet 2,500	# of Floors 3						
City (5) Atlantic City		Bldg. Age NA							
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8) Acer Associates		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 1012 Industrial Drive		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code West Berlin, NJ 08091		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Vince Krisak		Telephone No. 856 809 1202	Telephone No. 215-542-7000						
License No. 00847		Name of OSHA Monitor CES							
Start Date (10) 03 / 07 / 12	Scheduled Completion Date (11) 03 / 10 / 12								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-7:00PM / ____ PM - ____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
3 rd floor Bedroom #2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12 x 12 Green Floor tile (self stick)	156 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st floor kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12 x 12 Green Floor tile	156 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st floor kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic assoc with floor tile	156 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler STG		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 6 yards	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 03/10/12		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 2/23/11			

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

9804106273

Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Peter Cossio	
Agencies Notified	Type Notification	Street Address 79 Hudson Street, Retail A	
<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 Hoboken, NJ 07030	
		Name of Contact Peter Cossio	
		Telephone Number _____	

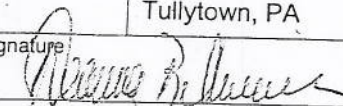
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address 158 13th 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) Hoboken		Square Feet N/A	# of Floors N/A
County (6) Hudson		Bldg. Age N/A	
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. _____	
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.	
City, State, Zip Code		Street Address 11 Rosengren Avenue	
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512	
Telephone No. _____		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 2/29/12	Scheduled Completion Date (11) 3/01/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue	
<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>		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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		X		pipe insulation	150 LF	X			
2nd floor kitchen		X		linoleum	100 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 2/13/12	


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

1975 4931508

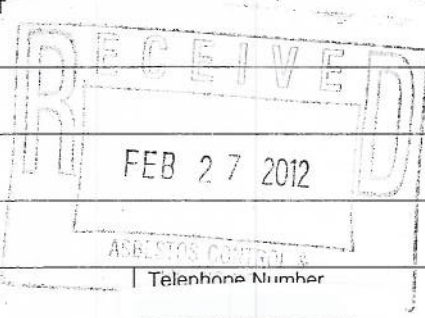
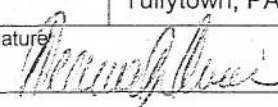
Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) Estate of Edna Miguri Stomber							
Agencies Notified	Type Notification	Street Address 440 Demarest Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Oradell, NJ 07649							
		Name of Contact Robert McGuirl	Telephone Number						
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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 440 Demarest Avenue		Square Feet N/A	# of Floors N/A						
City (5) Oradell		Bldg. Age N/A							
County (6) Bergen	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 2/29/12	Scheduled Completion Date (11) 3/01/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	24 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 2/16/12					

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

19815916678

Date of Notification (1) 2/16/12		Name of Building Owner/Operator (2) Estate of Helen Rispoli							
Agencies Notified	Type Notification	Street Address 22 Madison Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code Glen Ridge, NJ 07028							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Richard Rispoli							
		Telephone Number							
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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 22 Madison Street		Square Feet N/A	# of Floors N/A						
City (5) Glen Ridge		Bldg. Age N/A							
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.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 2/28/12	Scheduled Completion Date (11) 2/29/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	92 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project 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) 2/16/12		Name of Building Owner/Operator (2) Marie Flannigan							
Agencies Notified	Type Notification	Street Address 2-21 31st Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Fair lawn, NJ 07410							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Marie Flannigan							
<div style="text-align: right;">  </div>									
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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2-21 31st Street		Square Feet N/A	# of Floors N/A						
City (5) Fair Lawn		Bldg. Age N/A							
County (6) Bergen	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) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 2/27/12	Scheduled Completion Date (11) 2/28/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		X		pipe insulation	52 LF	X			
basement		X		floor tile	150 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 2/16/12			

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

1922660

Date of Notification (1) 2/13/12		Name of Building Owner/Operator (2) Habitat for Humanity of Bergen County		FEB 27 2012					
Agencies Notified	Type Notification	Street Address 10 Banta Place, Suite 105		City, State, Zip Code hackensack, NJ 07601					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jacey Raimondo		Telephone Number					
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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 209 Westervelt Place			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Oradell			Current Use (Prior if being demolished) House						
County (6) Bergen		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 2/23/12		Scheduled Completion Date (11) 2/24/12		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 11 Rosengren Avenue					
				City, State, Zip Code Totowa, NJ 07512					
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 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) <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		X		pipe insulation	24 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 2/13/12			

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

*No
check*

Date of Notification (1) February 23, 2012		Name of Building Owner/Operator (2) Donald Grauso	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 628	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Donald Grauso	
		Telephone Number	

*DEC 06/12 sent work
check 200312*

FEB 27 2012

ASBESTOS CONTROL

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1916 Bay Blvd.			Square feet 4000 sf		
City Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 2/22/12			License Number 00624		
Scheduled Completion Date (11) 2/27/12			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
<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)	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	4000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.			
City, State Toms River, New Jersey		Disposal Date 2/28/12	City, State Tullytown, Pennsylvania		Date 2/23/2012		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>				

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

Amended Emergency

FEB-21-2012 7:00 PM: ASBESTOS

6096330664

To: 97588294

P.1/4

No check

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

REMEMBER - MAIL IN HARD COPY

FEB 27 2012

Date of Notification (1) 2-20-12		Name of Building Owner/Operator (2) Sakoutis Bros	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Construction	Street Address P.O. Box 84 City, State, Zip Code Colts Neck, NJ 07740	
Name of Facility Where Abatement is Taking Place (3) Stores / Apartments (Bunnt-down)		Name of Contact John Sakoutis	
Street Address 57-63 Brighton Ave		Telephone Number W	
City (5) Long Branch		County Code (7) Monmouth	
County (6) Monmouth		Current Use (Prior if being demolished) Stores / Apartments	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address		Street Address P.O. Box 337	
City, State, Zip Code		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm		Telephone No. 609 758-3365	
Start Date (10) 2-17-12		Scheduled Completion Date (11) 2-20-12	
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	
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 or 23 ft <input checked="" type="checkbox"/> 2160 or 2280 ft <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-Enable Procedure		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Perimeter + in pile Inside Pile Standing Wall		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A X X X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) Unknown Unknown 300 SF	
Abatement Type Removal Repair Encapsulation Enclosure X X X		Name of Registered Waste Hauler Waste Management	
Name of Registered Waste Hauler Sakoutis Bros.		NJDEP Waste Hauler ID No 20	
City, State Colts Neck, NJ		Disposal Date 2-21-12	
Completed by Steve Schenker		Signature SD Schenker	
Title President		Date 2-20-12	

Forgot Starting Date

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

Check # 8126

Date of Notification (1) 2-23-12		Name of Building Owner/Operator (2) Joseph Pardi					
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 19 Park Ave					
		City, State, Zip Code Rumson NJ 07760					
		Name of Contact Joseph Pardi					
Telephone Number [REDACTED]							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 19 Park Ave		Square Feet	# of Floors 2				
City (5) Rumson NJ 07760		Bldg. Age 70+-					
County (6) Morristown	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394				
Start Date (10) 3-6-12	Scheduled Completion Date (11) 3-6-12		Name of OSHA Monitor EPC Technologies, 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 P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 95 LF	Abatement Type		
	Yes	No			N/A	Removal	Repair
Basement		X	Pipe Insulation		X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 3-7-12	City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 2-23-12		

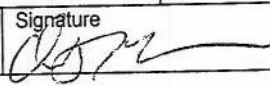
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check # 8130

Date of Notification (1) 2-24-12		Name of Building Owner/Operator (2) VFV Properties Inc						
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 P.O. Box 508						
		City, State, Zip Code Martinsville NJ 08836						
		Name of Contact Frank Morano						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1526 Dogwood Drive		Square Feet	# of Floors					
City (5) Piscataway NJ 08854			2					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 60+-					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 3-7-12	Scheduled Completion Date (11) 3-7-12							
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 EPC Technologies, Inc						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
		<input type="checkbox"/> Renovation						
		<input checked="" type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Front Porch		X		Floor Tiles	150 SF	X		
Back Porch		X		Floor Tiles	150 SF	X		
Basement	X			Fine box Packing	2 SF	X		
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management				
City, State NE NJ		Disposal Date 3/8/12	City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker			Date 2-24-12		

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

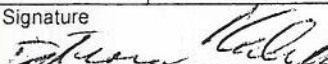
CK 2433

Date of Notification (1) 2/24/12		Name of Building Owner/Operator (2) Piscataway Township Municipal Complex							
Agencies Notified	Type Notification	Street Address 455 Hoes Lane							
<input checked="" type="checkbox"/> EPA <input checked="" 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, New Jersey 08854							
		Name of Contact Whitey Harcar	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Piscataway Municipal Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 505 Sidney Road		Square Feet 1000 +	# of Floors 1						
City (5) Piscataway, New Jersey 08854		Bldg. Age 35+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098	Name of Abatement Contractor (9) Pernaco Inc						
Street Address 3 Terri Lane		Street Address PO Box 329							
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Brian R Kearney		Telephone No. 609-386- 8800	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 3/8/12	Scheduled Completion Date (11) 3/21/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied Normal Business Hours		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 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 Work Area #1	x			Floor Tile / Mastic	100 SF	x			
Basement Work Area # 2	x			Floor Tile / Mastic	2000 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State West Berlin NJ		Disposal Date 3/21/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 2/24/12			

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

Date of Notification (1) 02/23/12 Ck: 1874 \$200		Name of Building Owner/Operator (2) City of Burlington							
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 515 High Street						
			City, State, Zip Code Burlington, New Jersey 08016						
			Name of Contact Cindy A Crivaro						
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.)							
Street Address 318 1/2 Jones Avenue		Square Feet 10,000	# of Floors 2						
City (5) Burlington, New Jersey 08016		Bldg. Age 55+							
County (6) Burlington		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		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							
Start Date (10) 02/27/12		License No. 01104							
Scheduled Completion Date (11) 02/28/12		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: 8AM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior		X		Transite Shingles	1,000	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal Date 02/29/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 02/23/12		

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

Date of Notification (1) 02/06/12 CK # 1815 \$200.00			Name of Building Owner/Operator (2) City of Burlington						
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		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; font-weight: bold;">FEB 27 2012</div>					
Street Address 515 High Street			City, State, Zip Code Burlington, New Jersey 08016						
Name of Contact Cindy A Crivaro			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.)						
Street Address 318 1/2 Jones Avenue			<div style="display: flex; justify-content: space-between;"> <div>Square Feet 10,000</div> <div># of Floors 2</div> <div>Bldg. Age 55+</div> </div>						
City (5) Burlington, New Jersey 08016		Current Use (Prior if being demolished) Home							
County (6) Burlington		County Code (7) (STATE USE ONLY) _____							
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. _____		<div style="display: flex; justify-content: space-between;"> <div>Telephone No. 973-225-8400</div> <div>License No. 01104</div> </div>					
Start Date (10) 02/17/12		Scheduled Completion Date (11) 02/18/12		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: 8AM Start			<div style="display: flex;"> <div style="flex: 1;"> Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083 </div> </div>						
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 Shingles	1,000	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	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 		Date 02/06/12			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:50-7 and 12:120-7

DOL - 10 DAY

8/73

Date of Notification (1)
[02] / [23] / [12]

Name of Building Owner/Operator (2)
Hoffmann-LaRoche

Agencies Notified

- ☐ EPA
- ☐ DEP
- ☒ DOL
- ☒ DOH
- ☐ DCA

Type Notification

- ☒ (X) Emergency
- ☐ (x) Initial Notification
- ☐ () Amended Notification
- ☐ () Cancellation

Street Address
340 Kingsland Street

City, State, Zip Code
Nutley, NJ 07110

Name of Contact
Ed Gorka

Telephone Number

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is taking Place (3)
Building 46

Street Address
"same as above"

Type of Facility (4)

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

City (5)

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Square Feet # of Floors Bldg. Age

Current use (Prior if being demolished)
offices and shop

Name of Monitoring Firm Hired by Building Owner (8) ASCM No
Owner EHS Dept or (EH1)

Name of Abatement Contractor (9)
POW/R/SAVE Inc.

Street Address

340 Kingsland (655 West Shore Tr)

City, State, Zip Code
Nutley, NJ (Sparks, NJ)

Project Manager for Monitoring Firm Telephone Number
973-235-3286 (973-729-5649)

Scheduled Start Date (10) Sched Completion Date (11)
[02] / [24] / [12] [02] / [24] / [12]

Month Day Year 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 - Describe:

☒ Other - Describe: 7 am - 430 pm

Street Address

City, State, Zip Code

Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure w/ remote shower

☐ Demolition

☒ Renovation

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

☒ ≥ 3 sf or ≥ 3 lf

☐ ≥ 160 sf or ≥ 260 lf

Abatement Type

Is Location 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 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 N C L O S U R E
Mezzanine area and shop				pipng	18 lf	x			

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler
ID No 304597

Cubic Yards
of Waste

Name of Registered Landfill
Tullytown Resource Recovery & Grand Central

City, State
Morrisville PA

Disposal Date

City, State
Tullytown, PA, Pen Argyl PA

Completed By (Print or Type)

Sharon Hendee

Title

owner

Signature

[Signature]

Date 2/23/12

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

Date of Notification (1) [02] [23] / [12]		Name of Building Owner/Operator (2) Hoffmann-LaRoche	
Agencies Notified () EPA () DEP (x) DOL (x) DOH () DCA	Type Notification (X) Emergency (x) Initial Notification () Amended Notification () Cancellation	Street Address 340 Kingsland Street	
		City, State, Zip Code Nutley, NJ 07110	
		Name of Contact Ed Gorka	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is taking Place (3) Building 46	Type of Facility (4) { } School (K-12) { } Subchapter 8 (other than K-12) { X } Other (i.e., private & commercial buildings, homes, etc.)
Street Address "same as above"	

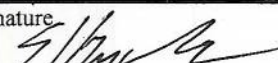
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors 2	Bldg. Age
Current use (Prior if being demolished) offices and shop					

Name of Monitoring Firm Hired by Building Owner (8) Owner EHS Dept. or (EHI) ASCM No.	Name of Abatement Contractor (9) POW/R/SAVE Inc.
Street Address 340 Kingsland (655 West Shore Tr.)	Street Address 27 West Street
City, State, Zip Code Nutley, NJ (Sparta, NJ)	City, State, Zip Code Bloomfield, NJ 07003
Project Manager for Monitoring Firm Telephone Number 973-235-3286 (973-729-5649)	Telephone Number (973) 680-0088
	License Number 357
Scheduled Start Date (10) Sched. Completion Date (11) [02] / [24] / [12] [02] / [24] / [12] Month Day Year Month Day Year	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: [x] Other - Describe: 7 am - 430 pm	Street Address
	City, State, Zip Code

Scope of Work (Check all that apply) [] Full Containment with Negative Pressure w/ remote shower
 [] Demolition [x] Renovation [x] Mini-Enclosure
 [x] ≥ 3 sf or ≥ 3 lf (x) Glovebag Procedure
 [] ≥ 160 sf or ≥ 260 lf [] Non-Friable Procedure

	Is Location 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			
				R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
Mezzanine area fab shop	Yes No NA	piping	18 lf	x			

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Recovery & Grand Central
City, State Morrisville PA	Disposal Date	City, State Tullytown, PA, Pen Argyl PA	

Completed By (Print or Type) Sharon Hendee	Title owner	Signature 	Date 2/23/12
--	-----------------------	---	------------------------

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

Date of Notification (1) 02 / 23 / 12		Name of Building Owner/Operator (2) Township of Warren							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 46 Mountain Blvd.							
		City, State, Zip Code Warren, NJ 07059							
		Name of Contact Lois J. Harold	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Township Owned Barn		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 197 Mountain Ave.		Square Feet 10,000	# of Floors 1						
City (5) Warren, NJ 07059		Bldg. Age 1922							
County (6) Somerset	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Quest Environmental/EnviroVision		ASCM No.	Name of Abatement Contractor (9) SMAC Corp.						
Street Address 1741 State Route 31		Street Address 27 EAST 33RD STREET							
City, State, Zip Code Clinton, NJ 08809		City, State, Zip Code PATERSON NJ 07514							
Project Manager for Monitoring Firm Darin P. Vogel		Telephone No. 908-730-7707	License No. 01110						
Start Date (10) 03 / 05 / 12	Scheduled Completion Date (11) 03 / 16 / 12	Name of OSHA Monitor EMSL ANALYTICAL, INC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 SHELTON AVE							
		City, State, Zip Code PISCATAWAY NJ 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" 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
Old Barn Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panel - Non Friable	4,725 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South West Flat Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Shingles - Non Friable	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Dismantling - Friable	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SMAC Corp		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 40 Yards	Name of Registered Landfill Grows Landfill					
City, State 27 E 33rd Street, Paterson, NJ - 07514			Disposal Date 03/16/2012	City, State Morrisville, PA					
Completed By (Print or Type) Borce Gjorsoski		Title President	Signature <i>Borce Gjorsoski</i>			Date 2/23/12			

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

Non Sub 8

Check # 5087

B & G proj. #: 2012-32 Amendment

Date of Notification (1)

10/12/12 1/12/14 1/12/1

Name of Building Owner/Operator (2)

St Clare's Health System

Street Address

25 Pocono Road

City, State, Zip Code

Denville, NJ 07834

Name of Contact

Drew Van Hook

Telephone Number

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☐ Initial
☒ Amendment
☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

St Clare's Health System

Street Address

25 Pocono Road, Wing 4-C (Same Day Surgery)

City (5)

Denville, NJ 07834

County (6)

Morris

County Code (7)
(State use only)

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

ASCM No.

017

Total Solution Environmental

Street Address

22 Columbia Road

City, State, Zip Code

Morristown, NJ 07960

Project Manager for Monitoring Firm

Ben Waer

Scheduled Start Date (10)

2/15/2012

Sched. Completion Date (11)

3/9/2012

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: 7:00am - 3:30pm occupied

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
* 1. Hallway / 4th Fl SDS4 & SDS5			X	pipe insul / pipe insul & contam brown coat	* 30 lf / 26 lf & 366 sf	X			
* 3rd floor L&D			X	pipe insulation	* 16 lf	X			
* Psych Room			X	pipe insulation	* 10 lf	X			
* Psych Room			X	contaminated brown coat	* 88 sf	X			
* 1. Hallway SDS1 / SDS 2/ SDS 1			X	pipe insulation	* 40 lf / 15 lf / 7 lf	X			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 10 yards	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ 07035		Disposal Date 2/15 - 3/9/2012		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Treasurer		Signature Gordana Luna			Date 2/24/2012		

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

B & G proj. #: 2012-32

Check # 5053

Date of Notification (1) 02/10/12		Name of Building Owner/Operator (2) St Clare's Health System	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 25 Pocono Road		City, State, Zip Code Denville, NJ 07834	
Name of Contact Drew Van Hook		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) St Clare's Health System			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 25 Pocono Road, Wing 4-C (Same Day Surgery)			Square Feet # of Floors Bldg. Age		
City (5) Denville, NJ 07834		County (6) Morris	County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Total Solution Environmental			ASCM No. 017		
Street Address 22 Columbia Road			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Morristown, NJ 07960			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Ben Waer			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 973-998-9348			Telephone Number 973-696-6869		
Scheduled Start Date (10) 2/15/2012			License Number 0378		
Sched. Completion Date (11) 2/29/2012			Name of OSHA Monitor B & G 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: 7:00am - 3:00pm occupied			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
4th Floor			<input checked="" type="checkbox"/>	pipe insulation	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor			<input checked="" type="checkbox"/>	pipe insulation	75 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 2/15 - 2/29/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 2/3/2012

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

B & G proj. #: 2012-43

Check # 5088

Date of Notification (1)
10/21/12 17/11/12

Name of Building Owner/Operator (2)
Jeff Simon

Street Address

889 Springfield Avenue

City, State, Zip Code

New Providence, NJ 07974

Name of Contact

Jeff Simon

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amendment

☐ Cancellation

RECEIVED

FEB 27 2012

ASBESTOS CONTROL & REMEDIATION

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Jeff Simon

Street Address

889 Springfield Avenue

City (5)

New Providence, NJ 07974

County (6)

Union

County Code (7)
(State use only)

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

3/7/2012

Sched. Completion Date (11)

3/8/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition

☒ Renovation

☒ >3 sf or >3 lf

☐ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure

☒ Mini-enclosure

☒ Glovebag procedure

☐ Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

pipe insulation

Amount (Specify SF or LF)

140 lf

R	R	E	E
em	em	nc	nc
ov	ov	ap	ap
er	er	cl	cl
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
2 yards

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
3/9/12

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Treasurer


Signature

Gordana Luna

Date
2/27/2012

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

Page 1 of 2

Date of Notification (1) 2 / 23 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue							
		City, State, Zip Code Mountain Lakes, NJ 07046							
		Name of Contact Ross Chomik							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Bldg. 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 67 Whippany Road		Square Feet 79,749	# of Floors 1						
City (5) Whippany		Bldg. Age 54 years							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	Telephone No. (973) 808-1616						
		License No. 00411							
Start Date (10) 01 / 04 / 12	Scheduled Completion Date (11) 06 / 15 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 2 Henderson Drive, Ste A							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace, 1 st Floor, Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Pipe Insulation	5,618 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace, 1st Floor, Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Pipe Fittings	270 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace & Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Debris	33,792 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor & Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	58,445 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler No.1 - Gary W. Gray Trucking Inc. No.2 - R. Holmes & Sons		NJDEP Waste Hauler ID No. 09369 / 10464	Cubic Yards of Waste 400	Name of Registered Landfill No.1 - G.R.O.W.S. North Landfill No.2 - Grand Central Sanitary					
City, State No.1 - Delaware, NJ No.2 - Tobyhanna, PA		Disposal Date 6/15/2012		City, State No.1 - Morrisville, PA No.2 - Pen Argyl, PA					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 					
				Date 2/23/2012					

(continued...page 2 of 2)

ASB-41
JUL 01

** 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) 12 / 22 / 11		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue	
		City, State, Zip Code Mountain Lakes, NJ 07046	
		Name of Contact Ross Chomik	Telephone Number _____

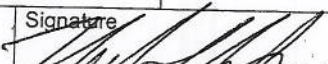
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Bldg. 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 67 Whippany Road		Square Feet 79,749	# of Floors 1
City (5) Whippany		Bldg. Age 54 years	
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. (973) 808-1616	License No. 00411
Start Date (10) 01 / 04 / 12	Scheduled Completion Date (11) 03 / 02 / 12	Name of OSHA Monitor Superior Abatement, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 2 Henderson Drive, Ste A	
		City, State, Zip Code West Caldwell, NJ 07006	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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
Crawlspace, 1 st Floor, Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	5,888 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace / Mechanical Rm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Debris / Duct Insulation	52,672 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor / Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT, Mastic, Sheetrock Glue/Roofing	121,179 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Doors	36 Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 400	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 3/20/2012	City, State Waynesburgh OH		
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 12 22 11		

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

1202-4445
Check #3823

No check

Date of Notification (1) 2/20/12		Name of Building Owner / Operator (2) JC Penney Corporation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 6501 Legacy Drive
			City, State & Zip Code Plano, TX 75024
			Name of Contact Richard Marnik
			Telephone Number

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FEB 27 2012
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JC Penney- Store # 497 Cooling Tower		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 305 Mt. Hope Avenue		Square Feet	# of Floors
City (5) Rockaway	County (6) Morris	County Code (7)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1600 Route 22 East		Street Address PO Box 25	
City, State & Zip Code Union, NJ 07083-1597		City, State & Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Thomas Rubino		Telephone Number 908-688-7800	License Number 00529
Scheduled Start Date (10) 2/21/12	Scheduled Completion Date (11) 2/22/12	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours 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 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 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
Bottom of Cooling Tower/Roof of Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	150 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"/>
	<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 4	Name of Registered Landfill TRRF Landfill
City, State Lumberton, NJ	Disposal Date 2/23/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature <i>[Signature]</i>	Date 2/20/12

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

1202-4445
Check #3823

Date of Notification (1) 2/22/12		Name of Building Owner / Operator (2) JC Penney Corporation	
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 #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive City, State & Zip Code Plano, TX 75024 Name of Contact Richard Marnik	

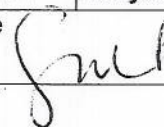
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JC Penney- Store # 497 Cooling Tower			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 305 Mt. Hope Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Rockaway	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) Cooling Tower		
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 1600 Route 22 East		Street Address PO Box 25			
City, State & Zip Code Union, NJ 07083-1597		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Thomas Rubino		Telephone Number 908-688-7800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 2/21/12	Scheduled Completion Date (11) 2/24/12		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 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 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
Bottom of Cooling Tower/Roof of Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulk	150 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"/>
	<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 4	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 2/24/12	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 	Date 2/22/12

21573

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

(Page 1 of 2)


Date of Notification (1) 02 / 22 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross Chomik Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Quad Building Sections 3 & 4(Floors 1,2,3,Attic&Roof)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 67 Whippany Road		Square Feet 500,000							
City (5) Whippany		# of Floors 3	Bldg. Age 54 years						
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00411						
Start Date (10) 01 / 23 / 12	Scheduled Completion Date (11) 05 / 23 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 2 Henderson Drive, Ste A City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st , 2 nd , 3 rd Floors and Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Pipe Insulation	24,780 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st , 2 nd , 3 rd Floors and Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Pipe Fittings	680 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd & 3 rd Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	162,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd & 3 rd Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Baseboard and Mastic	21,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler No.1 - Gary W. Gray Trucking Inc. No.2 - R. Holmes & Sons		NJDEP Waste Hauler ID No. 09369 / 10464	Cubic Yards of Waste 1400	Name of Registered Landfill No.1 - G.R.O.W.S. North Landfill No.2 - Grand Central Sanitary Landfill					
City, State No.1 - Delaware, NJ No.2 - Tobyhanna, PA		Disposal Date 5/23/2012	City, State No.1 - Morrisville, PA No.2 - Pen Argyl, PA						
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 2/22/2012			

(continued..page 2 of 2)

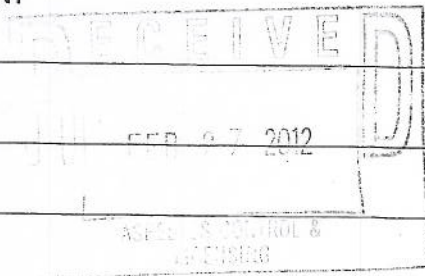
ASB-41
JUL 01

* 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) 02 / 09 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross Chomik Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Quad Building Sections 3 & 4 (2nd & 3rd Floor & Attic)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 67 Whippany Road		Square Feet 500,000	# of Floors 3						
City (5) Whippany		Bldg. Age 54 years							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 01 / 23 / 12	Scheduled Completion Date (11) 05 / 23 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive, Ste A City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd & 3rd Floor and Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	14,170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd & 3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	162,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd & 3rd Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	1,170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd & 3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Baseboard and Mastic	21,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler No.1-Gary W. Gray Trucking Inc No.2-R.Holmes & Sons		NJDEP Waste Hauler ID No. 09369/10464	Cubic Yards of Waste 1100	Name of Registered Landfill (1)G.R.O.W.S Northlandfill (2)Grand Central Sanitary Landfill					
City, State (1)Delaware, NJ (2) Tobyhanna, PA		Disposal Date 5/23/2012		City, State (1)Morrisville, PA (2) Pen Argyl, PA					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 2-9-12			

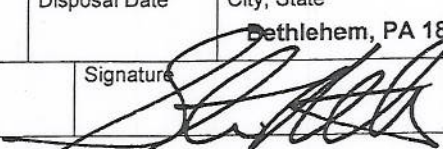
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 01 / 13 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046							
		Name of Contact Ross Chomik	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Quad Building Sections 3 & 4 (3rd Floor & Attic)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 67 Whippany Road		Square Feet 500,000	# of Floors 3						
City (5) Whippany		Bldg. Age 54 years							
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 318 12th Street		Street Address 2 Henderson Drive, Ste A							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 01 / 23 / 12	Scheduled Completion Date (11) 05 / 23 / 12	Name of OSHA Monitor Superior Abatement, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive, Ste A City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor and Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	7,800 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	98,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 600	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 5/23/2012		City, State Waynesburgh OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 1-13-12			

Check # 20136

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

Date of Notification (1) 02 / 10 / 12		Name of Building Owner/Operator (2) Vopak Terminal Perth Amboy, LLC							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1250 State Street							
		City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact Hans Torreman							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vopak Terminal (former Hess Corporation)		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 1250 State Street		Square Feet see attached	# of Floors see attached						
City (5) Perth Amboy		Bldg. Age 58 yrs							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Oil Storage Terminal							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. 00017	Name of Abatement Contractor (9) Lakeshore Environmental Contractors, LLC						
Street Address 611 Industrial Way West		Street Address 5513 Eastcliff Industrial Loop							
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code Birmingham, Alabama 35210							
Project Manager for Monitoring Firm Mr. Paul Calabrese		Telephone No. 732.380.1700	License No. 01092						
Start Date (10) 02 / 27 / 12	Scheduled Completion Date (11) 04 / 23 / 12	Name of OSHA Monitor Environmental Tactics, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ PM- _____ AM		Street Address 64 Broad Street							
		City, State, Zip Code Matawan, NJ 07747							
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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and <u>Non-Friable Procedure</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			Removal	Repair	Encapsulate	Enclosure
See attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Newark Carting, Inc.		NJDEP Waste Hauler ID No. 50154	Cubic Yards of Waste	Name of Registered Landfill IESI Corporation					
City, State Newark, NJ 07105			Disposal Date	City, State Bethlehem, PA 18015					
Completed By (Print or Type) Stan Roth		Title Member	Signature 		Date 2/10/2012				

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

Job #:1108-1585
Check #: NA

No check

Date of Notification (1) 10/17/11		Name of Building Owner / Operator (2) Mountainside Hospital	
Agencies Notified	Type Notification	Street Address 1 Bay Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #4	Name of Contact Mr. Barry Mousa	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mountainside Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 Bay Avenue			Square Feet 963,743	# of Floors 6	Bldg. Age 1914 2000 (last addition)
City (5) Montclair	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental Group, LLC		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
Street Address 1600 Route 22 East		Street Address 3859 Sylon Blvd.			
City, State & Zip Code Union, NJ 07083		City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Kristen Sleys		Telephone Number 908-688-7800	Telephone Number 609-702-0400	License Number 00862	
Scheduled Start Date (10) 10/28/11 11/28/11 2/23/12 (Phase #3-2nd Shift)		Scheduled Completion Date (11) 7/29/12		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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input checked="" type="checkbox"/> Describe: PHASE WORK-Will put on hold between Phases. Weekend work will be performed & some 2 nd shift work will be performed. The first day will start @ 6:00 pm (10/28/11) <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108		

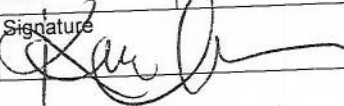
Scope of Work (Check all that apply)

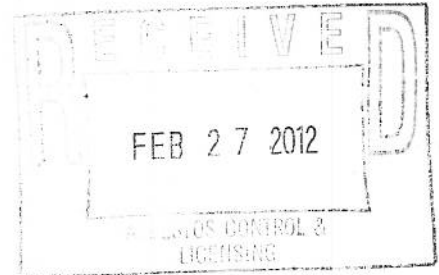
- ☒ ≥3 sf or ≥3 lf (Per Phase)
☐ ≥160 sf ≥260 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☐ 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
Ph#1-Ground Floor Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Blood Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor S. Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#3-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#4-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#5-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#6-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#6-Ground Floor Histology Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#7-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#7-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ph#8-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#8-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	13 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler	Horizon Disposal			NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 80	Name of Registered Landfill GROWS			
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Kim Trumbetti				Title Admin.	Signature 			Date 2/23/12	



No check

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

<u>Date of Notification (1)</u> 1/10/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	
		<u>Tel. Number</u>	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Building No. 5 - Tin Building			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street			<u>Sq. Feet</u> 4324 <u># of Floors</u> 1	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30 +/- <u>Current Use (prior if being demolished)</u> Warehouse	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 655 West Shore Trail	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> Sparta, NJ 07871	<u>City, State, Zip Code</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 1/23/2012	<u>Scheduled Completion Date (11)</u> 2/24/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> 10 59 Jackson Ave.
	<u>City, State, Zip Code</u> L.I.C. New York, 11101

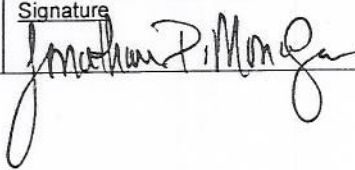
<u>Describe Vacant Bldg. To Be Demolished</u> 4324 Sf vacant building to be demolished in its entirety.	
<u>Other - Describe</u>	

Source of Work (Check all that apply)

(X) Demolition () Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				<u>Rem.</u>	<u>Rep.</u>	<u>Encap</u>	<u>Enclose</u>
North Side Interior / Exterior	X	Transite Panels	1300 sf	X			
Exterior Fittings & Pipelines	X	Fittings & Pipe Lines	23 lf	X			
Exterior Roofing	X	Roofing	6500 sf	X			

<u>*Non-Friable on 2nd Page</u>		<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 40	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE		<u>Disp. Date</u> 2/24/2012		<u>City, State</u> Waynesburg, OH	

<u>Completed by (Print or Type)</u> Jon Monagan	<u>Title</u> Project Coordinator	<u>Signature</u> 	<u>Date</u> 2/24/12
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Notification of Demolition or Renovation.....(continued)**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

FEB 27 2012

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for transite.

XII. Waste Transporter#1 (Non-Friable) Gary W. Gray Trucking

Address: PO Box 48, Route 48

City: Delaware

County: Hunterdon

State: NJ

Zip: 07833

Contact: Jason Wilson

Telephone: 908-475-3797

Waste Transporter#2 (Friable) Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site (Friable) Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomeria

Telephone: 330-866-3435

Waste Disposal Site (Non-Friable) Hakes C&D Landfill

EPA Certification Number:

Address: 4376 Manning Ridge Road

City: Painted Post

County: Steuben

State: NY

Zip: 14870

Contact: Charles Plank

Telephone: 607-937-6044

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

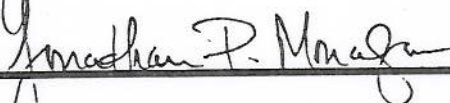
XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).



(Signature of Owner/Operator)

(Date) 2/24/12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 2/24/12

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

Date of Notification (1) 12/15/11		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Certification () Cancelled	
Street Address 100 Campus Drive		City, State, Zip Code Florham Park, NJ 07932	
Name of Contact Frank Piechoeta		Tel. Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) BASF - Building No. 6 - Solvent Building			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1 James Street			Sq. Feet 5760 # of Floors 4	
City (5) Belvidere	County (6) Warren	County Code (7) (State Use Only)	Bldg. Age 30 +/- Current Use (prior if being demolished) Warehouse	

Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations, Inc.		ASC No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP
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Street Address 655 West Shore Trail		Street Address 404 N. Berry Street	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Brea, CA 92821	

Project Manager for Monitoring Firm William S. Kerbel, CIH	Telephone Number 973-79-5649	Telephone Number 484-480-8931	License Number 01066
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Scheduled Start Date (10) 1/16/2012	Scheduled Completion Date (11) 2/24/2012	Name of OSHA Monitor Testor Tech
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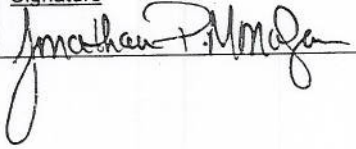
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		Street Address 10 59 Jackson Ave.
Describe Vacant Bldg. To Be Demolished 4324 Sf vacant building to be demolished in its entirety.		City, State, Zip Code L.I.C. New York, 11101

Other - Describe
Source of Work (Check all that apply)

(X) Demolition () Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
South Loading Dock	X	Transite Panels	150 sf	X			
Throughout Interior	X	Fittings & Pipe Lines	178 lf	X			
Exterior Roofing	X	Roofing	5500 sf	X			
Windows & Doors	X	Caulking	800 lf	X			
Throughout	X	Fire Doors	12 ea	X			

*Non-Friable on 2nd Page		Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 40	Name of Reg. Landfill Minerva Enterprises
City, State 58 Pyles Lane - New Castle, DE			Disp. Date 2/24/2012	City, State Waynesburg, OH	

Completed by (Print or Type) Jon Monagan	Title Project Coordinator	Signature 	Date 2/24/12
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Notification of Demolition or Renovation.....(continued)**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for caulking, fire doors and Transite etc.

XII. Waste Transporter#1 (Non-Friable) Gary W. Gray Trucking

Address: PO Box 48, Route 48

City: Delaware

County: Hunterdon

State: NJ

Zip: 07833

Contact: Jason Wilson

Telephone: 908-475-3797

Waste Transporter#2 (Friable) Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site (Friable) Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

Waste Disposal Site (Non-Friable) Hakes C&D Landfill

EPA Certification Number:

Address: 4376 Manning Ridge Road

City: Painted Post

County: Steuben

State: NY

Zip: 14870

Contact: Charles Plank

Telephone: 607-937-6044

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).



(Signature of Owner/Operator)

(Date) 2/24/12

XVIII. I Certify that the Above Information is Correct



(Signature of Owner/Operator)

(Date) 2/24/12

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 24, 2012

Agencies Notified

- ☒ EPA
☒ DCA
☒ DOL
☒ DEP - No Longer REQUIRED
☒ DOH

Notification Type

- ☐ Initial Notification
☒ Amended Notification - #2
Postponed new start & completion dates TBD
☐ Emergency (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)

CITY OF NEWARK

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

County (6)

ESSEX

County Code (7)

(State Use Only)

Type of Facility (4)

- ☐ School (K-12)
☒ Subchapter 8 (other than K-12)
☐ 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

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

268 MAIN STREET

City, State, Zip Code

BUTLER, NJ 07405

Telephone Number

973-492-0477

License Number

00840

Scheduled Start Date (10)

TBD

Scheduled Completion Date (11)

TBD

Name of OSHA Monitor

ENVIROVISION, INC.

Street Address

20-21 WARGARAW ROAD

City, State, Zip Code

FAIRLAWN, NJ

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)

YES NO NA

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type

Remove Repair Encap Enclose

THROUGHOUT

☒

WALL PLASTER

15,000SF

☒

THROUGHOUT

☒

PIPE INSULATION

525 LF

☒

THROUGHOUT

☒

WIRE INSULATION

2,000 LF

☒

THROUGHOUT

☒

FIRE DOORS

20 EA

☒

BOILER ROOM

☒

CEILING PLASTER

790 SF

☒

BOILER ROOM

☒

FLUE PATCH

5 SF

☒

BOILER ROOM

☒

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

NJ DEP # 4509

Disposal Date

TBD

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

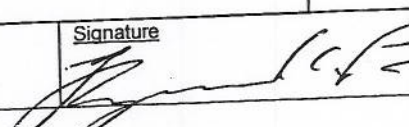
Date

February 24, 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)

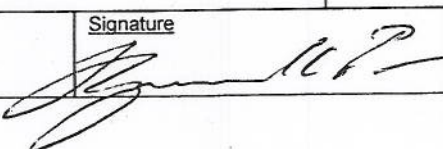
GAC Project # 2012-310

Date of Notification (1) February 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 checked="" 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.)	
Street Address 87 - 89 ELM ROAD		Sq. Feet: 15,000SF # of Floors: 3 Bldg. Age: 80+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): FIREHOUSE
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
Scheduled Start Date (10) 02/27/12		Scheduled Completion Date (11) 05/07/12	License Number 00840
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		Name of OSHA Monitor ENVIROVISION, INC.	
Scope 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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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.)	
THROUGHOUT		WALL PLASTER	
THROUGHOUT		PIPE INSULATION	
THROUGHOUT		WIRE INSULATION	
THROUGHOUT		FIRE DOORS	
BOILER ROOM		CEILING PLASTER	
BOILER ROOM		FLUE PATCH	
BOILER ROOM		MOTTLED BROWN FLOOR COVERING	
Amount (Specify SF or LF)		Abatement Type	
15,000SF		Remove Repair Encap Enclose	
525 LF			
2,000 LF			
20 EA			
790 SF			
5 SF			
4 LF			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 200 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		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)

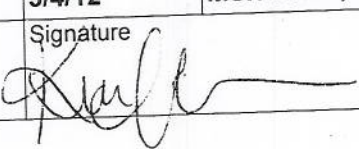
GAC Project # 2012-310

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	
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) 02/21/12		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)					
<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 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) 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)	Abatement Type Remove Repair Encap Enclose	
THROUGHOUT	<input checked="" type="checkbox"/>	WALL PLASTER	15,000SF	<input checked="" type="checkbox"/>	
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			Disposal Date 04/30/2012	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509					
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 N.J.A.C. 8:60 and 12:120)

Job #: 1201-1423
Check #: 2587

Date of Notification (1) 2/23/12		Name of Building Owner / Operator (2) St. Mary of the Lakes		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED FEB 27 2012 ASBESTOS CONTROL LICENSING </div>					
Agencies Notified	Type Notification	Street Address 196 Route 70							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Medford, NJ 08055							
		Name of Contact Mr. Warren Lipka							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Mary of the Lakes School			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 196 Route 70			Square Feet 50,000	# of Floors 1	Bldg. Age 40				
City (5) Medford	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis, Inc.		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 401 St. James Avenue		Street Address 3859 Sylon Blvd.							
City, State & Zip Code Phillipsburg, NJ 08865		City, State & Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mr. John Gilbert		Telephone Number 908-454-6316	Telephone Number 609-702-0400	License Number 00862					
Scheduled Start Date (10) 03/04/12		Scheduled Completion Date (11) 03/04/12		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 <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address 107 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> O&M Clean up <input type="checkbox"/> Mini Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Frangible 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	Clean Up	Repair & Encapsulate	Enclosure
Basement/Crawlspace	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Encapsulate) pipe insulation	Approx. 8 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement/Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Clean up) fallen pipe insulation and debris throughout (4) areas	Approx. 125.5 LF in (4) areas	<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"/>
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 4	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date 3/4/12		City, State Morrisville, PA					
Completed By (Print or Type) Kim Trumbetti		Title Admin.	Signature 			Date 2/23/12			

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

MO# 250018

Date of Notification (1) 02/23/2012		Name of Building Owner/Operator (2) JE 231 Realty INC	
Agency Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2012 ASBESTOS CONTROL & </div>
<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	25 Kady Lane	
		City, State, Zip Code Kendall Park, NJ 08824	
		Name of Contact Y.Y.Lien	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Unoccupied former laundromat		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 231 George Street		Square Feet	# of Floors
City (5) New Brunswick, NJ 08901		Bldg. Age	
County (6) Middlesex	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) 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. 973-638-1777	License No. 01127	
Start Date (10) 03/03/2012	Scheduled Completion Date (11) 03/05/2012	Name of OSHA Monitor Envirovision Consultants, 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 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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe insulation	350 LF	x			
Basement			x	Boiler insulation	150 SF	x			

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date	City, State Tullytown, PA	
Completed by N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/23/2012

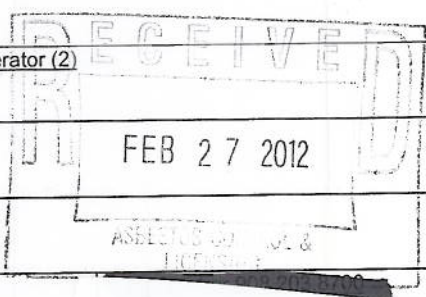
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 2/23/12		Name of Building Owner/Operator (2) MR. MANNY FERNANDES							
Agencies Notified	Type Notification	Street Address	FEB 27 2012						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <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	7400 BROADWAY							
		City, State, Zip Code							
		NORTH BERGEN, NJ, 07047							
		Name of Contact	Telephone Number						
		MR. HOWARD McPHERSON							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. MANNY FERNANDES		Type of Facility (4)							
Street Address 7400 BROADWAY		<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) NORTH BERGEN		Square Feet 3600	# of Floors 1						
County (6) HUDSON		Bldg. Age 71							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCES/STORE							
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC		ASCM No. 00012	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 300 GRAND AVE.		Street Address 450 South River St							
City, State, Zip Code ENGLEWOOD, NJ 07631		City, State, Zip Code Hackensack, N.J. 07601							
Project Manager for Monitoring Firm T. VALENTINE		Telephone No. 201-569-6708	Telephone No. 201-329-7444						
Start Date (10) 2-24-2012		Scheduled Completion Date (11) 3-5-2012	License No. 00388						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Omega Environmental Services							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler St							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> ≥160 sf or ≥250 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	Encapsulation	Enclosure
EXT. BLDG. FLOOR			X	ROOFING WORK	3600 SF	X			
Name of Registered Waste Hauler ATLANTIC WASTE SERVICES		NJOEP Waste Hauler ID No. 22592	Cubic Yards of Waste 30 YRS	Name of Registered Landfill IESTI LANDFILL					
City, State ROCKEFELLER PARK, NJ 07662		Disposal Date 3-5-2012	City, State BETHLEHEM, PA 18015						
Completed by J. MAIORANO		Title Estimator	Signature J. MAIORANO		Date 2/23/12				

check # 1763

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

Date of Notification (1) 2/1/2012		Name of Building Owner/Operator (2) NJ DOT Region Central	
Agencies Notified (X) EPA (X) DEP () DOL () DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 1035 Parkway Ave	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Kiran Amin	



FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Residential Structure		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 501 Hoes Lane		Sq. Feet 2,500 # of Floors 2
City (5) Piscataway	County (6) Middlesex	County Code (7) (State Use Only)
		Bldg. Age 40+ Current Use (prior if being demolished) residential

Name of Monitoring Firm Hired by Bldg. Owner (8) L.R. Kimball	ASCM No. 00103	Name of Contractor (9) Neuber Env. Svcs., Inc.
---	-----------------------	--

Street Address 411 Riverview Plaza	Street Address 42 Ridge Road
--	--

City, State, Zip Code Trenton, NJ 08611	City, State, Zip Code Phoenixville, PA 19460
---	--

Project Manager for Monitoring Firm Mr. Robert Kowalczyk	Telephone Number 215.282.8300 x8377	Telephone Number 610-933-4332	License Number 00836
--	---	---	--------------------------------

Scheduled Start Date (10) 2/27/2012	Scheduled Completion Date (11) 3/2/2012	Name of OSHA Monitor Neuber Env. Svcs., Inc.
---	---	--

Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe _____		Street Address P.O. Box 541
		City, State, Zip Code Phoenixville, PA 19460

Source of Work (Check all that apply)

(X) Demolition () Renovation
 () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 () Full Containment with Negative Pressure (X) Mini-Enclosure () Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
Basement	XXX	Flue Packing	25 sf	XXX			

Name of Reg. Waste Hauler Marangi Disposal	NJDEP Waste Hauler ID # 23504	Cubic Yards of Waste 10 yards	Name of Reg. Landfill C&A Carbone, Inc.
--	---	---	---

City, State Valley Cottage, NY	Disp. Date 3/2012	City, State West Nyack, NY
--	-----------------------------	--------------------------------------

Completed by (Print or Type) Jeffrey A. LaRiviere	Title V.P.	Signature 	Date 2/22/2012
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Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

check # 1764

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

<u>Date of Notification (1)</u> 2/1/2012		<u>Name of Building Owner/Operator (2)</u> NJ DOT Region Central	
<u>Agencies Notified</u> (X) EPA (X) DEP () DOL () DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 1035 Parkway Ave <u>City, State, Zip Code</u> Trenton, NJ 08625 <u>Name of Contact</u> Kiran Amin	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Residential Structure		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 900 East Lincoln Highway		Sq. Feet 2,500 # of Floors 2	
<u>City (5)</u> Piscataway	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	Bldg. Age 40+ Current Use (prior if being demolished) residential
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> L.R. Kimball		<u>ASCM No.</u> 00103	<u>Name of Contractor (9)</u> Neuber Env. Svcs., Inc.
<u>Street Address</u> 411 Riverview Plaza		<u>Street Address</u> 42 Ridge Road	
<u>City, State, Zip Code</u> Trenton, NJ 08611		<u>City, State, Zip Code</u> Phoenixville, PA 19460	
<u>Project Manager for Monitoring Firm</u> Mr. Robert Kowalczyk	<u>Telephone Number</u> 215.282.8300 x8377	<u>Telephone Number</u> 610-933-4332	<u>License Number</u> 00836
<u>Scheduled Start Date (10)</u> 2/27/2012	<u>Scheduled Completion Date (11)</u> 3/2/2012	<u>Name of OSHA Monitor</u> Neuber Env. Svcs., Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> P.O. Box 541	
Describe		<u>City, State, Zip Code</u> Phoenixville, PA 19460	
Other - Describe			
<u>Source of Work (Check all that apply)</u>			
(X) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u>			
Rem. Rep. Encap. Enclose			
Porch Roof	XXX	Roof shingles	300 sf
Roof	XXX	Chimney Flashing	150 sf
Windows	XXX	Window Caulk	72 lf
Door	XXX	Door caulk	80 lf
<u>Name of Reg. Waste Hauler</u> Marangl Disposal	<u>NJDEP Waste Hauler ID #</u> 23504	<u>Cubic Yards of Waste</u> 10 yards	<u>Name of Reg. Landfill</u> C&A Carbone, Inc.
<u>City, State</u> Valley Cottage, NY		<u>Disp. Date</u> 3/2012	<u>City, State</u> West Nyack, NY
<u>Completed by (Print or Type)</u> Jeffrey A. LaRiviere	<u>Title</u> V.P.	<u>Signature</u>	<u>Date</u> 2/21/2012

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

Date of Notification (1) 2/23/12		Name of Building Owner/Operator (2) Scott Thomas	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2012 ASBESTOS </div>
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	59 Ryerson Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Newton, NJ 07860	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Scott Thomas	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4)		
Street Address 59 Ryerson Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Newton	County (6) Sussex	County Code (7) (STATE USE ONLY)	Square Feet 1700	# of Floors 2	Bldg. Age 60
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 3/3/12		Sched. Completion Date (11) 3/4/12		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
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 - Describe: «OffHours Descript»			City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

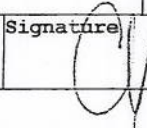
Scope of Work (Check all that apply)

☒ >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	R	E	E	
Basement			X	Pipe Insulation	125 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 3/5/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2/23/12		

D22987

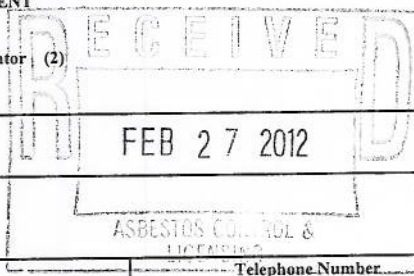
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
0 2 / 2 1 / 1 2

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

Name of Building Owner/Operator (2)
Lisa Curran
 Street Address
413 Devon Street
 City, State, Zip Code
Kearny, NJ 07032
 Name of Contact
Lisa Curran
 Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residence
Street Address

413 Devon Street

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Kearny

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)

0 3 / 0 7 / 1 2
Month / Day / Year

Scheduled Completion Date (11)

0 3 / 0 12 / 1 2
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:

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			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	54LF.	X				

Name of Registered Waste Hauler

NJDEP Waste
Hauler ID No.
17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Wayne NJ 07470

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonie

Project Manager

2/21/2012

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

Date of Notification (1) 2/23/12		Name of Building Owner/Operator (2) Stephen News	
Agencies Notified	Type Notification	Street Address 1307 Florence Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Plainfield, NJ 07060	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact James	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4)		
Street Address 1307 Florence Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Plainfield	County (6) Union	County Code (7) (STATE USE ONLY)	Square Feet 800	# of Floors 2	Bldg. Age 70
			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		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 3/5/12	Sched. Completion Date (11) 3/6/12	Name of OSHA Monitor N/A		
Month Day Year 3/5/12		Month Day Year 3/6/12		
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 - Describe: «OffHours Descript»		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

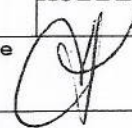
Scope of Work (Check all that apply)

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

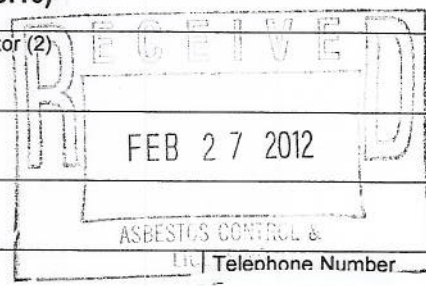
☒ Renovation
☐ Demolition

☐ 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	135 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 3/7/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 2/23/12

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



Date of Notification (1) <u>2</u> / <u>8</u> / <u>12</u>		Name of Building Owner/Operator (2) Morris Elm LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-2/22/12</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 41 Elm St., Suite 1C City, State, Zip Code Morristown, NJ 07960 Name of Contact Shaun Mekkawy Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Regency on Elm		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 41 Elm St.			
City (5) Morristown		Square Feet 70,000	# of Floors 5 Bldg. Age 50+
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3370 Progress Dr		Street Address 1123 BEAVER STREET		
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mike Panapresso	Telephone No. 215-244-1300	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>2</u> / <u>23</u> / <u>12</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>9:00AM-5:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>		Date <u>2/22/12</u>	

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



Date of Notification (1) <u>2</u> / <u>9</u> / <u>12</u>		Name of Building Owner/Operator (2) Morris Elm LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA 0857 <input checked="" type="checkbox"/> DOLWD 9953 <input checked="" type="checkbox"/> DHSS 0840 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 41 Elm St., Suite 1C							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Shaun Mekkawy	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Regency on Elm		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 41 Elm St.									
City (5) Morristown		Square Feet 70,000	# of Floors 5						
		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 3370 Progress Dr		Street Address 1123 BEAVER STREET							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mike Panapresso	Telephone No. 215-244-1300	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>2</u> / <u>23</u> / <u>12</u>	Scheduled Completion Date (11) <u>2</u> / <u>27</u> / <u>12</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro / jl</i>			Date 2/9/12			

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

APPROVED
NJ Dept of Health & Senior Services
Paul C. Horn
(Signature)
Date: 2/22/12 Time: 8:53AM

MO# 19807832081

Emergency Notification

Date of Notification (1)		Name of Building Owner/Operator (2)	
02/22/2012		Patrick Cleary	
Agency Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	11 Morris Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #	Riverdale, NJ 07457	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (Including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Patrick Cleary	

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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address		Square Feet	# of Floors
11 Morris Avenue			
City (5)		Bldg. Age	
Riverdale, NJ 07457			
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		Street Address	
		576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code	
		Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-638-1777	01127
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
02/23/2012	02/24/2012	Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		20-21 Wagaraw Road, Bldg. # 34A	
		City, State, Zip Code	
		Fair Lawn, NJ 07410	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or >200 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-Filable Procedure	

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			X	Pipe insulation	110 LF	X		
First floor-closet			X	Pipe insulation	8 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>Paul C. Horn</i>	02/22/2012

AS8-11