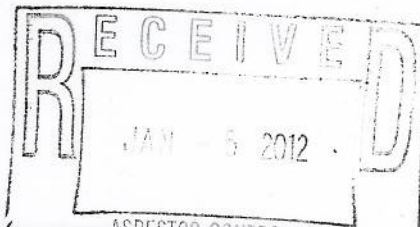


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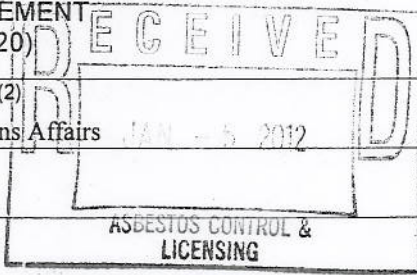
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>12/28/11</u>		Name of Building Owner/Operator (2) <u>John Niemczyk</u>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>43 N 7th St</u> City, State, Zip Code <u>Kenilworth NJ</u>					
		Name of Contact <u>John Niemczyk</u>		Telephone No. _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>43 N. 7th St</u>			Square Feet _____ # of Floors _____ Bldg. Age _____						
City (5) <u>Kenilworth</u>			County (6) <u>Union</u>						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>EMSL</u>		ASCM No. _____		Name of Abatement Contractor (9) <u>F Gause &amp; Son</u>					
Street Address <u>307 W 38th St</u>		Street Address <u>513 E 32nd St</u>		City, State, Zip Code <u>Peterboro NJ</u>					
City, State, Zip Code <u>NY, NY</u>		Telephone No. <u>212-421-6699</u>		License No. <u>90L 00021</u>					
Project Manager for Monitoring Firm <u>Manager</u>		Telephone No. <u>973 3452223</u>		Name of OSHA Monitor <u>Same</u>					
Start Date (10) <u>1/7/12</u>		Scheduled Completion Date (11) <u>1/8/12</u>		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Demolition</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Exterior Siding</u>			<u>X</u>	<u>Exterior Siding</u>	<u>1210 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Eastern Waste</u>		NJDEP Waste Hauler ID No. <u>15027</u>		Cubic Yards of Waste _____		Name of Registered Landfill <u>Imperial Landfill</u>			
City, State <u>Freehold NJ</u>		Disposal Date _____		City, State <u>Imperial PA</u>					
Completed By <u>Frank Gause</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>12/28/11</u>			



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



Date of Notification (1) 1/3/2012		Name of Building Owner/Operator (2) NJ Dept. of Military and Veterans Affairs							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Eggert's Crossing Road City, State, Zip Code Lawrenceville, NJ Name of Contact Mark Ramos							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) West Orange National Guard Armory		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1315 Pleasant Valley Way		Square Feet 2300	# of Floors 1						
City (5) West Orange, NJ 07052		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Armory						
Name of Monitoring Firm Hired by Building Owner (8) Whitman		Name of Abatement Contractor (9) RICI CORP							
Street Address 116 Tices Lane, Unit B-1		Street Address 41 LIBERTY STREET							
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code PASSAIC, NJ 07055							
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. 732-390-5858	Telephone No. 973-614-1266	License No. 00838						
Start Date (10) 02/21/2012	Scheduled Completion Date (11) 04/21/2012	Name of OSHA Monitor RICI CORP							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055							
Scope of Work (Check all that apply) <input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd floor bathroom		x		Pipe Insulation including elbows & joints	100 LF	x			
2nd floor bathroom		x		Wall and Ceiling plaster	2,300 SF	x			
Name of Registered Waste Hauler RICI CORP		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL					
City, State PASSAIC, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by RISTO TRAJKOV	Title PRESIDENT		Signature 			Date 1/3/2012			



Print Form

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

**APPROVED**  
N.J. Dept. of Health & Senior Services  
*Paul C. Hines*  
(signature)  
Date: 1/3/12 Time: 2:19 PM

Date of Notification (1) 01/03/12 Ck#:1714		\$200		Name of Building Owner/Operator (2) Atlantic Health Systems		Date: <u>1/3/12</u> Time: <u>2:19 PM</u>	
Agencies Notified		Type Notification		Street Address 100 Madison Avenue		City, State, Zip Code Morristown, New Jersey 07962	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Michelle DiGangi		Telephone Number	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Morristown Hospital				Type of Facility (4)			
Street Address 100 Madison Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Morristown, New Jersey 07962				Square Feet 30,000		# of Floors 2	
County (6) Morris				County Code (7) (STATE USE ONLY)		Bldg. Age 55+	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group				ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 65 Jackson Drive				Street Address 606 McBride Avenue			
City, State, Zip Code Cranford, New Jersey 07016				City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Charles Shneekloth				Telephone No. 908-497-8900		Telephone No. 973-225-8400	
Start Date (10) 01/04/12				Scheduled Completion Date (11) 01/05/12		License No. 01104	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor J&S Environmental Labs			
<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: 4pm				Street Address 2333 Route 22 West			
				City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>		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)	
		Yes No N/A					
Pathology-Lab Level C		X		TSI		60 LF	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 01/06/12		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 01/03/11	



CHECK #  
2180

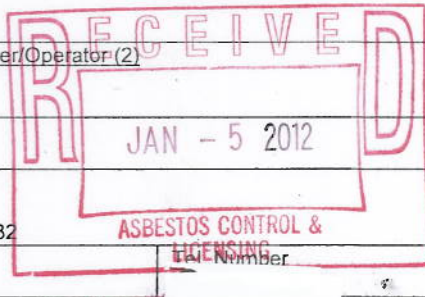
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
JAN - 5 2012  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>1/2/12</u>		Name of Building Owner/Operator (2) <u>GEARTITECH CONTRACTING</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>					
		City, State, Zip Code <u>GREENFIELD, N.J.</u>					
		Name of Contact <u>BRUCE BREUNIG</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>3329 ASBURY AVE.</u>		Square Feet	# of Floors				
City (5) <u>OLEAN CITY</u>		Bldg. Age					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (5) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>				
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>1/13/12</u>	Scheduled Completion Date (11) <u>1/20/12</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2500 lb</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclose
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.S.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>1/2/12</u>				



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

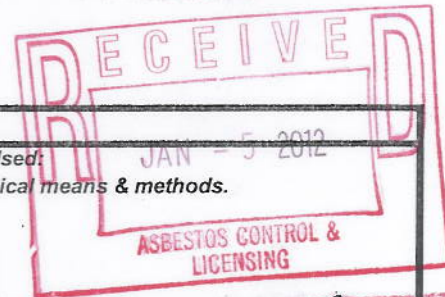


<u>Date of Notification (1)</u> 12/15/11		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u>  ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA	<u>Notification Type</u>  ( ) Initial Notification (X) Amended Certification ( ) Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Building No. 3 PVAC 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		Sq. Feet <u>21920</u> # of Floors <u>2</u>	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <u>30 +/-</u> <u>Current Use (prior if being demolished)</u> <u>Warehouse</u>
<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
<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
<u>Scheduled Start Date (10)</u> 1/3/2012	<u>Scheduled Completion Date (11)</u> 2/10/2012	<u>Name of OSHA Monitor</u> Testor Tech	
<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>Describe Vacant Bldg. To Be Demolished</u> 21,920 sf building to be demolished in its entirety		<u>City, State, Zip Code</u> L.I.C. New York, 11101	
<u>Other - Describe</u>			
<u>Source of Work (Check all that apply)</u>  (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) (X) Full Containment with Negative Pressure (X) 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> Rem. Rep. Encap. Enclose
Throughout Interior	X	Pipe Fittings	100 ea X
Throughout Interior	X	Pipe Insulation	150 lf X
Throughout Interior	X	VAT & Mastic	920 sf X
SW Corner Interior & Exterior	X	Transite Panels	800 sf X
Vessels Outside	X	Tar Paper & Fittings	1300 sf & 40 ea X
Outside Windows	X	Window & Door Caulk	1600 lf X
Roof	X	Roof Flashin	600 sf X
<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> 2/10/12	<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> 1/3/12



**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, Full negative air containments for VAT and chemical removals for mastics. Non-friable intact removals for caulking etc.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 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 Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomeroy

Telephone: 330-866-3435

**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) 1/3/12

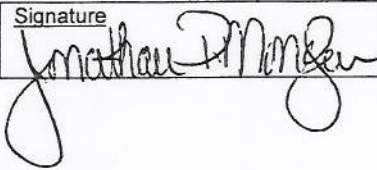
**XVIII. I Certify that the Above Information is Correct**

(Signature of Owner/Operator)

(Date) 1/3/12



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

<b>Date of Notification (1)</b> 12/15/11		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b>  ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA	<b>Notification Type</b>  ( ) Initial Notification (X) Amended Certification ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Building No. 6 - Solvent Building		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 1 James Street		<b>Sq. Feet</b> 5760 <b># of Floors</b> 4	
<b>City (5)</b> Belvidere	<b>County (6)</b> Warren	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.		<b>ASCM No.</b> 00104	<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP
<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 404 N. Berry Street	
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Brea, CA 92821	
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH	<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066
<b>Scheduled Start Date (10)</b> 1/16/2012	<b>Scheduled Completion Date (11)</b> 2/24/2012	<b>Name of OSHA Monitor</b> Testor Tech	
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.	
<b>Describe Vacant Bldg. To Be Demolished</b> 4324 Sf vacant building to be demolished in its entirety.		<b>City, State, Zip Code</b> L.I.C. New York, 11101	
<b>Other - Describe</b>			
<b>Source of Work (Check all that apply)</b>  (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			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES      NO      NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
			<b>Abatement Type</b> 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
<b>Name of Reg. Waste Hauler</b> Service Transport Group		<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 40
<b>City, State</b> 58 Pyles Lane - New Castle, DE		<b>Disp. Date</b> 2/24/2012	<b>Name of Reg. Landfill</b> Minerva Enterprises <b>City, State</b> Waynesburg, OH
<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> 	<b>Date</b> 1/3/12



**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. 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 caulking, fire doors and Transite etc.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 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 Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**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.

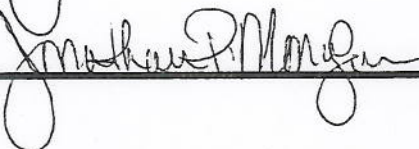
**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business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



(Signature of Owner/Operator)

(Date) 1/3/12

**XVIII. I Certify that the Above Information is Correct**



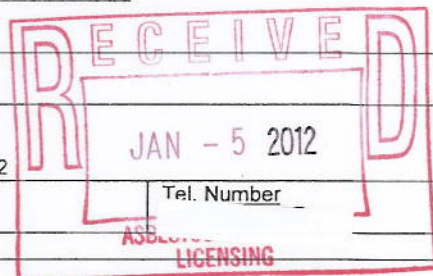
(Signature of Owner/Operator)

(Date) 1/3/12



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

*No check*

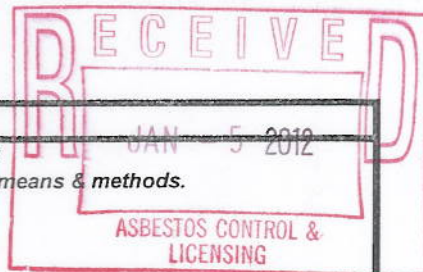


Date of Notification (1) 12/15/11		Name of Building Owner/Operator (2) BASF Corporation	
Agencies Notified  ( X ) EPA ( X ) DOL ( X ) DOH ( ) DCA	Notification Type  ( ) Initial Notification (X) Amended Certification ( ) Cancelled	Street Address 100 Campus Drive	
		City, State, Zip Code Florham Park, NJ 07932	
		Name of Contact Frank Piechoeta	Tel. Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) BASF - Building No. 2 New Shipping Warehouse		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 70020 # of Floors 1	
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.		ASCM No. 00104	Name of Contractor (9) NCM Demolition and Remediation, LP
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
Scheduled Start Date (10) 1/9/2012	Scheduled Completion Date (11) 2/10/2012	Name of OSHA Monitor Testor Tech	
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 70020 sf warehouse 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 ( ) Mini-Enclosure ( ) 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)
Roof Flashing	X	Roof Flashing	6500 sf
Name of Reg. Waste Hauler Service Transport Group		NJDEP Waste Hauler ID # A901 #20990 / SW2117	Cubic Yards of Waste 40
City, State 58 Pyles Lane - New Castle, DE		Disp. Date 2/10/12	Name of Reg. Landfill Minerva Enterprises City, State Waynesburg, OH
Completed by (Print or Type) Jon Monagan	Title Project Coordinator	Signature <i>Jonathan Monagan</i>	Date 1/03/12



**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.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 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 Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: PA

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**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).**

*Jonathan P. Monaghan*

(Signature of Owner/Operator)

(Date) 1/3/12

**XVIII. I Certify that the Above Information is Correct**

*Jonathan P. Monaghan*

(Signature of Owner/Operator)

(Date) 1/3/12

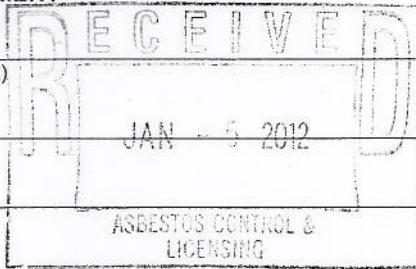


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">1 / 3 / 12</div>		Name of Building Owner/Operator (2) <b>CRDA</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   JAN - 5 2012 </div>					
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1014 Atlantic Ave</b>							
		City, State, Zip Code <b>Atlantic City, NJ 08404</b>							
		Name of Contact <b>W. Rachelle Knight</b>							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) <b>Block 163 --LOT 66</b>				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 <b>3 Georgia Terrace</b>				Square Feet <b>3000</b>	# of Floors <b>2</b>				
City (5) <b>Atlantic City</b>				Bldg. Age <b>NA</b>					
County (6) <b>Atlantic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>home</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>117</b>		Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>					
Street Address <b>318 12<sup>th</sup> Street</b>				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
City, State, Zip Code <b>Hammonton, NJ 08037</b>				City, State, Zip Code <b>Spring House, PA 19477</b>					
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>215-542-7000</b>	License No. <b>00847</b>				
Start Date (10) <div style="text-align: center;">1 / 17 / 12</div>		Scheduled Completion Date (11) <div style="text-align: center;">1 / 27 / 12</div>		Name of OSHA Monitor <b>CES</b>					
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: <b>7:00AM-5:00PM</b> / ____ PM- ____ AM				Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>					
				City, State, Zip Code <b>Spring House, PA 19477</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	500 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 <b>STG</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>				Disposal Date <b>1/30/12</b>	City, State <b>Waynesburg, OH 44688</b>				
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>1/4/11</b>			



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



Date of Notification (1) <b>1 / 3 / 12</b>		Name of Building Owner/Operator (2) <b>CRDA</b>							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1014 Atlantic Ave</b>							
		City, State, Zip Code <b>Atlantic City, NJ 08404</b>							
		Name of Contact <b>W. Rachelle Knight</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Block 163 --LOT 19</b>		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 <b>2302 Leopold Terrace</b>		Square Feet <b>3000</b>	# of Floors <b>2</b>						
City (5) <b>Atlantic City</b>		Bldg. Age <b>NA</b>							
County (6) <b>Atlantic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>home</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00847</b>						
Start Date (10) <b>1 / 17 / 12</b>	Scheduled Completion Date (11) <b>1 / 27 / 12</b>	Name of OSHA Monitor <b>CES</b>							
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: <b>7:00AM-5:00PM</b> / ____ PM- ____ AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
		City, State, Zip Code <b>Spring House, PA 19477</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	600 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 <b>STG</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>			Disposal Date <b>1/30/12</b>	City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>			Date <b>1/4/11</b>		

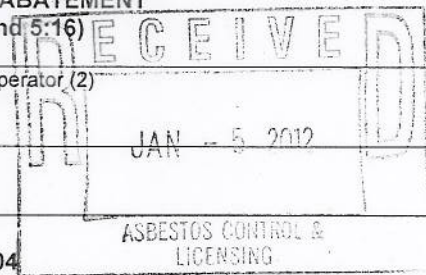


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<b>Date of Notification (1)</b> 01/02/2012		<b>Name of Building Owner/Operator (2)</b> Linda Forte					
<b>Agencies Notified</b>	<b>Type of Notification</b>	<b>Street Address</b> 3 Jason Drive					
(X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	<b>City, State, Zip Code</b> Notrh Brunswick, NJ, 08902					
		<b>Name of Contact</b> Linda Forte	<b>Tel. Number</b>				
<b>FACILITY INFORMATION</b>							
<b>Name of Facility Where Abatement is Taking Place (3)</b> Residential Property		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
<b>Street Address</b> 82 McAdoo Ave ,NJ 07305		<b>Sq. Feet:</b> 5000 <b># of Floors</b> 2 <b>Bldg. Age</b> 60					
<b>City (5)</b> Jersey City	<b>County (6)</b> Hudson	<b>County Code (7) (State Use Only)</b>					
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> N/A		<b>ASCM No.</b> N/A					
<b>Street Address</b> N/A		<b>Name of Contractor (9)</b> ISES, Inc.					
<b>City, State, Zip Code</b> N/A		<b>Street Address</b> 3300 Hudson Avenue					
<b>Project Manager for Monitoring Firm</b> N/A		<b>Telephone Number</b> (201)325-0055	<b>License Number</b> 01124				
<b>Scheduled Start Date (10)</b> 01/14/2012	<b>Scheduled Completion Date (11)</b> 01/15/2012	<b>Name of OSHA Monitor</b> ISES, Inc.					
<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Unoccupied during abatement		<b>Street Address</b> 3300 Hudson Avenue					
		<b>City, State, Zip Code</b> Union City, NJ 07087					
<b>Source of Work (Check all that apply)</b> ( ) Demolition      (X) Renovation							
( ) Minor Project (< 25 SF or < 10 LF ACM)		( ) Full Containment with Negative Pressure					
(X) Small Project (>25 <160 SF or >10 <260 LF ACM)		( ) Mini-Enclosure					
( ) Large Project (>160 SF or > 260 LF ACM)		(X) Glovebag Procedure					
		( ) Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	YES   NO   N/A	TSI Pipe Insulation	90 LFT	X			
<b>Name of Reg. Waste Hauler</b> Vision Transport		<b>NJDEP Waste Hauler ID #</b> 22393	<b>Cubic Yards of Waste</b> 1	<b>Name of Reg. Landfill</b> Cumberland County Landfill			
<b>City, State</b> 2 Fish House Road, Kearny, NJ 07032		<b>Disp. Date</b> 01/15/2012		<b>City, State</b> Newburg, PA 17242			
<b>Completed by (Print or Type)</b> Jorge Delgado		<b>Title</b> Project Supervisor		<b>Signature</b> 		<b>Date</b> 01/02/2012	



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



Date of Notification (1) <b>1 / 3 / 12</b>		Name of Building Owner/Operator (2) <b>CRDA</b>							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1014 Atlantic Ave</b>							
		City, State, Zip Code <b>Atlantic City, NJ 08404</b>							
		Name of Contact <b>W. Rachelle Knight</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Block 163-- Lot 64</b>		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 <b>6 Georgia Terrace</b>		Square Feet <b>3000</b>	# of Floors <b>2</b>						
City (5) <b>Atlantic City</b>		Bldg. Age <b>NA</b>							
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>home</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>						
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>Spring House, PA 19477</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00847</b>						
Start Date (10) <b>1 / 17 / 12</b>	Scheduled Completion Date (11) <b>1 / 27 / 12</b>	Name of OSHA Monitor <b>CES</b>							
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: <b>7:00AM-5:00PM</b> / ____ PM- ____ AM		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b> City, State, Zip Code <b>Spring House, PA 19477</b>							
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 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
<b>1<sup>st</sup> floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>tile</b>	<b>550 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2<sup>nd</sup> floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>tile &amp; mastic</b>	<b>550 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Roof</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Flashing</b>	<b>100 LF</b>	<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 <b>STG</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>1/30/12</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Patricia Visco</b>		Title <b>Office Manager</b>		Signature <i>Patricia Visco</i>		Date <b>1/4/11</b>			