

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

2357

Date of Notification (1) 1/6/12		Name of Building Owner/Operator (2) Boy & Girls Club of Paulsboro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 916 Penn Line Rd		City, State, Zip Code Paulsboro NJ 08066							
Name of Contact Anthony		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Boy & Girls Club of Paulsboro		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 916 Penn Line Rd		Square Feet 1000 +	# of Floors 1						
City (5) Paulsboro NJ 08066		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/16/12	Scheduled Completion Date (11) 1/20/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Home Owner will be Home		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 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) 3900 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tile only		X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/10/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 1/6/11	

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

CHECK #
2181

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

Date of Notification (1) <u>1/5/12</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</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>300 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FILIP EDUARDI</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>234 57TH ST.</u>		Square Feet _____ # of Floors _____ Bldg Age _____	
City (5) <u>SEA ISLE CITY</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	
Name of Monitoring Firm Hired by Building Owner (8) <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>1/16/12</u>	Scheduled Completion Date (11) <u>1/23/12</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"/> ≥ 3 sf or ≥ 3 lf <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes _____ No _____ N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2500 LF</u>
			Abatement Type Removal <u>X</u> Repair _____ Encapsulate _____ Enclosure _____
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
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>1/5/12</u>

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

JAN - 9 - 2012

2043

Date of Notification (1) 1-4-12		Name of Building Owner/Operator (2) Myers / Shandelman	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 South California Ave	City, State, Zip Code Atlantic City NJ
		Name of Contact Bart Greenspan	Phone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident's Bldg.		Type of Facility (4) <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 111 South California Ave		Square Feet	# of Floors
City (5) Atlantic City		Bldg. Age	
County (6) Atlantic County	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) Ari Joe LLC
Street Address		Street Address 1212 Burlington Ave
City, State, Zip Code		City, State, Zip Code Delanco NJ 08075
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856 824 0971
		License No. 01070

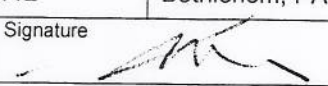
Start Date (10) 1-18-12	Scheduled Completion Date (11) 1-28-12	Name of OSHA Monitor SAME
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Business 8:30 to 4 PM		Street Address
		City, State, Zip Code

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 2 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 checked="" 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
Basement			✓	RR Aircell	100LF	✓		

Name of Registered Waste Hauler J Robinson Waste	NJDEP Waste Hauler ID No. 18387	Cubic Yards of Waste	Name of Registered Landfill WM of PA
City, State Bellmawr NJ	Disposal Date TBD	City, State Tullytown PA	
Completed by J Hill	Title VP	Signature JH	Date 1-4-12

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

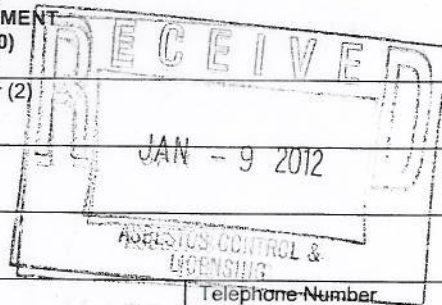
Date of Notification (1) 01/03/2012		Name of Building Owner/Operator (2) Joann Cunder							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 36 North Street							
		City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact Joann Cunder							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 36 North Street		Square Feet 1800	# of Floors 2						
City (5) Bound Brook, NJ 08805		Bldg. Age 75 years							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Abe Environmental		ASCM No. 35613	Name of Abatement Contractor (9) Faith Environmental Inc						
Street Address 84 Vermont Av		Street Address 128 Stanley St							
City, State, Zip Code Franklin Park, NJ 08823		City, State, Zip Code East Rutherford, NJ 07073							
Project Manager for Monitoring Firm Don Anigbogu		Telephone No. 732-422-0733	Telephone No. 201-438-1188						
License No. 00854									
Start Date (10) 1/07/2012	Scheduled Completion Date (11) 01/15/2011	Name of OSHA Monitor Boro Atanasoski							
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 333 Paterson Plank Rd							
		City, State, Zip Code Carlstadt NJ 07072							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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 Lagging	120L.F.	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 1/15/12		City, State Bethlehem, PA					
Completed by Boro Atanasoski		Title Project Manager		Signature 			Date 01/06/2012		

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

CK# 3442

Date of Notification (1) Jan. 4, 2012		Name of Building Owner/Operator (2) Kean University		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN - 9 2012 </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				1000 Morris Ave.			
						City, State, Zip Code Union, NJ 07083			
				Name of Contact Jose A. Puno		Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Green Lane Building, Kean Campus (scheduled for demolition)						Type of Facility (4)			
Street Address Corner of Morris Ave., & Green Lane Ave.						<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Union						Square Feet 20,950 SF	# of Floors 1		
County (6) Union						County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.				ASCM No. 1296	Name of Abatement Contractor (9) Jadar Contracting, LLC				
Street Address 515 Grove Street				Street Address 22 Troy Lane					
City, State, Zip Code Haddon Heights, NJ 08035				City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm Joseph Anello, Jr.				Telephone No. 856-547-0505	Telephone No. 973-706-7950	License No. 01088			
Start Date (10) 1-19-2012		Scheduled Completion Date (11) 2-29-2012		Name of OSHA Monitor Jadar Contracting, LLC					
Occupancy Status During Abatement (Check Only One)						Street Address 22 Troy Lane			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm						City, State, Zip Code Lincoln Park, NJ 07035			
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Interior			X	Drywall & Joint Compound	16,649 SF	X			
Interior			X	Textured Paint & Joint Substrate	2,370 SF	X			
Interior			X	Glue Dots	475 SF	X			
Interior			X	Red Sheet Flooring	50 SF	X			
Name of Registered Waste Hauler DJM Company, Inc.		NJDEP Waste Hauler ID No. 22393		Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.				
City, State Kearny, NJ 07032				Disposal Date TBD	City, State Melville, NY 11704				
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>		Date Jan. 4, 2012			

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



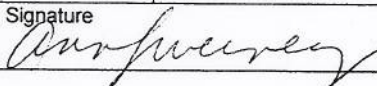
Date of Notification (1) Jan 4, 2012		Name of Building Owner/Operator (2)	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<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)	Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

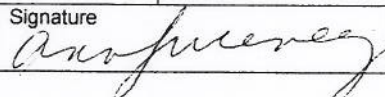
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Floor Mastic Material	400 SF	X			
Interior			X	Wood Parquet Flooring & Mastic	750 SF	X			
Interior			X	Firedoors	6 Doors	X			
Interior			X	Exterior Window-Door Caulking	500 LF	X			

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City, State	Disposal Date	City, State	
Completed by Lillie Lazarevich	Title Secretary	Signature 	Date Jan 4, 2012

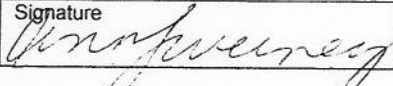
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) JANUARY 5, 2012		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 1 of 4					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895					
		Name of Contact PAUL PHILLIPS		Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) REMSEN DODGE			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 3391 STATE ROUTE 35			Square Feet 23,400						
City (5) HAZLET			# of Floors 2		Bldg. Age 72				
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) AUTOMOBILE DEALER					
Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC.		ASCM No. 00109		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 622 GEORGES ROAD, SUITE 305		Street Address 3010 BURNS AVENUE							
City, State, Zip Code NORTH BRUNSWICK, NJ 08902		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm FARHOOD SELAMIE		Telephone No. 732-729-1800		Telephone No. 516-781-3000					
				License No. 01138					
Start Date (10) 1/19/12		Scheduled Completion Date (11) 2/29/12		Name of OSHA Monitor _____					
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 _____					
				City, State, Zip Code _____					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
ROOF		X		FLASHING	696 SF	X			
SHOWROOM/SALES OFFICES		X		MASTIC ON BLOCK WALL	360 SF	X			
SHOWROOM MEZZ AREA		X		SPRAY-ON FIREPROOFING	270 SF	X			
SERVICE AREA		X		INTERIOR WINDOW CAULK	300 LF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY		Disposal Date 2/29/12		City, State WAYNESBURG, OH					
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature 		Date 1/5/12			

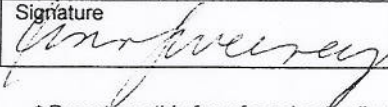
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) JANUARY 5, 2012		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 2 of 4					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895					
		Name of Contact PAUL PHILLIPS		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) REMSEN DODGE				Type of Facility (4)					
Street Address 3391 STATE ROUTE 35				<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) HAZLET				Square Feet 23,400	# of Floors 2				
County (6) MONMOUTH				County Code (7) (STATE USE ONLY) _____	Bldg. Age 72				
Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC.		ASCM No. 00109		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 622 GEORGES ROAD, SUITE 305				Street Address 3010 BURNS AVENUE					
City, State, Zip Code NORTH BRUNSWICK, NJ 08902				City, State, Zip Code WANTAGH, NY 11793					
Project Manager for Monitoring Firm FARHOOD SELAMIE		Telephone No. 732-729-1800		Telephone No. 516-781-3000	License No. 01138				
Start Date (10) 1/19/12		Scheduled Completion Date (11) 2/29/12		Name of OSHA Monitor					
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: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
SHOWROOM ACCNTG OFFICE		X		DOOR LINING INSULATION	1 SF	X			
BACK GARAGE		X		FELT/PAPER/TAR	180 SF	X			
EXTERIOR		X		GARAGE DOOR INSULATION	960 SF	X			
EXTERIOR		X		EXTERIOR DOOR INSULATION	105 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY				Disposal Date 2/29/12	City, State WAYNESBURG, OH				
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature 	Date 1/5/12				

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

Date of Notification (1) JANUARY 5, 2012		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 3 of 4					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895 Name of Contact PAUL PHILLIPS					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) REMSEN DODGE			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 3391 STATE ROUTE 35			Square Feet 23,400	# of Floors 2	Bldg. Age 72				
City (5) HAZLET									
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) AUTOMOBILE DEALER					
Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC.		ASCN No. 00109		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 622 GEORGES ROAD, SUITE 305		Street Address 3010 BURNS AVENUE							
City, State, Zip Code NORTH BRUNSWICK, NJ 08902		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm FARHOOD SELAMIE		Telephone No. 732-729-1800		Telephone No. 516-781-3000	License No. 01138				
Start Date (10) 1/19/12		Scheduled Completion Date (11) 2/29/12		Name of OSHA Monitor					
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					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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 LEVEL ROOF		X		ASPHALT ROOF MEMBRANE	4,100 SF	X			
2ND LEVEL ROOF		X		FLASHING ALONG EDGE	420 SF	X			
LOWER ROOF		X		FLASHING	360 SF	X			
APARTMENT AREA		X		EXTERIOR WINDOW CAULK	50 LF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY		Disposal Date 2/29/12		City, State WAYNESBURG, OH					
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature 		Date 1/5/12			

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

Date of Notification (1) JANUARY 5, 2012		Name of Building Owner/Operator (2) NEW JERSEY CVS PHARMACY, LLC		Page 4 of 4					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE CVS DRIVE City, State, Zip Code WOONSOCKET, RI 02895 Name of Contact PAUL PHILLIPS					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) REMSEN DODGE			Type of Facility (4)						
Street Address 3391 STATE ROUTE 35			<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) HAZLET			Square Feet 23,400	# of Floors 2	Bldg. Age 72				
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) AUTOMOBILE DEALER					
Name of Monitoring Firm Hired by Building Owner (8) CONSULTING & TESTING SERVICES, INC.		ASCM No. 00109		Name of Abatement Contractor (9) ACTION REMEDIATION, INC.					
Street Address 622 GEORGES ROAD, SUITE 305		Street Address 3010 BURNS AVENUE							
City, State, Zip Code NORTH BRUNSWICK, NJ 08902		City, State, Zip Code WANTAGH, NY 11793							
Project Manager for Monitoring Firm FARHOOD SELAMIE		Telephone No. 732-729-1800		Telephone No. 516-781-3000	License No. 01138				
Start Date (10) 1/19/12		Scheduled Completion Date (11) 2/29/12		Name of OSHA Monitor					
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: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
1ST FLOOR SHOWROOM AREA		X		INTERIOR WINDOW CAULK	10 LF	X			
STOCKROOM BATHROOM		X		EXTERIOR WINDOW GLAZING	10 LF	X			
APARTMENT AREA ROOF		X		BUILT-UP ROOFING	600 SF	X			
1ST FLOOR		X		INTERIOR DOOR INSULATION	126 SF	X			
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOCIATES, INC.		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES				
City, State BRONX, NY		Disposal Date 2/29/12		City, State WAYNESBURG, OH					
Completed by ANN SWEENEY		Title ADM. ASSISTANT		Signature 		Date 1/5/12			

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

1108-4353
Check #3677

Date of Notification (1) 12/29/11		Name of Building Owner / Operator (2) NJ Department of Treasury	
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 33 West State Street Fl. 9
			City, State & Zip Code Trenton, NJ 08625
			Name of Contact David Lapidus
			Telephone Number 609-984-9707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- Azolea			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 Gilbert Street			Square Feet	# of Floors	Bldg. Age
City (5) New Lisbon	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Developmental Center		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 120 N. Warren Street		Street Address PO Box 25			
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Brian Holbig		Telephone Number 609-392-4200	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 1/4/12	Scheduled Completion Date (11) 1/31/12		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		

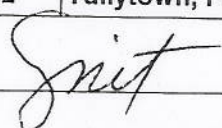
Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 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) <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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	8 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 1	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/31/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 12/29/11

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

1108-4353
Check #3641

Date of Notification (1) 12/29/11		Name of Building Owner / Operator (2) NJ Department of Treasury	
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 33 West State Street Fl. 9
			City, State & Zip Code Trenton, NJ 08625
			Name of Contact David Lapidus
			Telephone Number 609-984-9707

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- Fern			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 5 Gilbert Street			Square Feet	# of Floors	Bldg. Age
City (5) New Lisbon	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Developmental Center		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 120 N. Warren Street		Street Address PO Box 25			
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Brian Holbig		Telephone Number 609-392-4200	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 1/4/12		Scheduled Completion Date (11) 1/31/12		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		

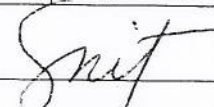
Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

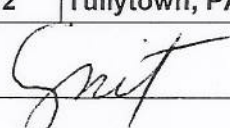
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	9 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 1	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/31/12	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 12/29/11

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

1108-4353
Check #3676

Date of Notification (1) 12/29/11		Name of Building Owner / Operator (2) NJ Department of Treasury							
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 33 West State Street Fl. 9 City, State & Zip Code Trenton, NJ 08625 Name of Contact David Lapidus Telephone Number 609-984-9707							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- Health Services		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20 Gilbert Street		Square Feet	# of Floors						
City (5) New Lisbon	County (6) Burlington	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Developmental Center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 N. Warren Street		Street Address PO Box 25							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Holbig		Telephone Number 609-392-4200	License Number 00529						
Scheduled Start Date (10) 1/4/12	Scheduled Completion Date (11) 1/31/12	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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <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 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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	8 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 1	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 1/31/12	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 				Date 12/29/11		

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

1108-4353
Check #3675

Date of Notification (1) 12/29/11		Name of Building Owner / Operator (2) NJ Department of Treasury	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	33 West State Street Fl. 9	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Trenton, NJ 08625	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		David Lapidus	609-984-9707

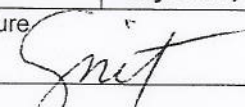
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- Resource Center			Type of Facility (4)		
Street Address 27 Circle Drive			<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) New Lisbon	County (6) Burlington	County Code (7)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) Developmental Center		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 120 N. Warren Street			Street Address PO Box 25		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Brian Holbig		Telephone Number 609-392-4200	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 1/4/12	Scheduled Completion Date (11) 1/31/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 108 Haddon Ave.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code Westmont, NJ 08108		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe:					
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

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 checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	3 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 1	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/31/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 12/29/11

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

1108-4353
Check #3674

Date of Notification (1) 12/29/11		Name of Building Owner / Operator (2) NJ Department of Treasury	
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 33 West State Street Fl. 9		
	City, State & Zip Code Trenton, NJ 08625		
		Name of Contact David Lapidus	Telephone Number 609-984-9707

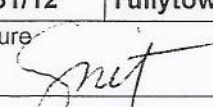
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- Spruce Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 15 Gilbert Street			Square Feet		
City (5) New Lisbon			County (6) Burlington	County Code (7)	# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		
Street Address 120 N. Warren Street			Name of Abatement Contractor (9) AbateTech, Inc.		
City, State & Zip Code Trenton, NJ 08608			Street Address PO Box 25		
Project Manager for Monitoring Firm Brian Holbig			City, State & Zip Code Lumberton, NJ 08048		
Telephone Number 609-392-4200			Telephone Number 609-265-2107		License Number 00529
Scheduled Start Date (10) 1/4/12		Scheduled Completion Date (11) 1/31/12		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 checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	8 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 1	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/31/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 12/29/11

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

1111-4414 SUB8

Check #

Date of Notification (1) 12/30/11		Name of Building Owner / Operator (2) Princeton University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Trustees of Princeton University E.A. MacMillan Bldg.
			City, State & Zip Code Princeton, NJ 08544
			Name of Contact Robert Ortego, P.E.
			Telephone Number 609-258-1841

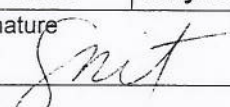
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University – Jadwin Hall			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 Washington Road Princeton University Main Campus			Square Feet	# of Floors	Bldg. Age
City (5) Princeton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address Bromley Corporate Center 3 Terri Lane, Suite 12			Street Address PO Box 25		
City, State & Zip Code Burlington, NJ 08016			City, State & Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 609-265-2107	License Number 00529	
Scheduled Start Date (10) 11/28/11	Scheduled Completion Date (11) 1/9/12		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

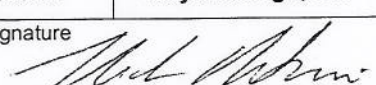
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
1 st Floor Lobby				Ceiling Plaster	395 SF				
Work Area #1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #2 (Stair 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	395 SF	<input checked="" 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 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/2/12		City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 		Date 12/30/11

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

Date of Notification (1) 01 / 05 / 12		Name of Building Owner/Operator (2) 67 Whippany Investors, LLC							
Agencies Notified <input 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 (973) 299-4000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road - Bldg. 7 & 8 (One Structure 7C,7E,7Extension,8C,8E)		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 97,938	# of Floors 2						
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	License No. 00411						
Start Date (10) 12 / 07 / 11	Scheduled Completion Date (11) 01 / 20 / 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
1st and 2nd Floor - various areas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe/Fittings	1,221 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st and 2nd Floor throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	92,026 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st and 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Doors	11units	<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 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 1/20/2012	City, State Waynesburgh, OH						
Completed By (Print or Type) Nick Petrovski		Title President	Signature 				Date 1-5-12		

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

1108-4353
Check #3700

Date of Notification (1) 1/4/12		Name of Building Owner / Operator (2) NJ Department of Treasury	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 33 West State Street Fl. 9		City, State & Zip Code Trenton, NJ 08625	
Name of Contact David Lapidus		Telephone Number 609-984-9707	

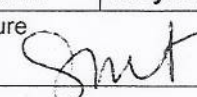
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Developmental Center- Health Services Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 15 Gilbert Street			Square Feet		
City (5) New Lisbon			County (6) Burlington		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.			ASCM No.		
Street Address 120 N. Warren Street			Name of Abatement Contractor (9) AbateTech, Inc.		
City, State & Zip Code Trenton, NJ 08608			Street Address PO Box 25		
Project Manager for Monitoring Firm Brian Holbig			Telephone Number 609-392-4200		License Number 00529
Scheduled Start Date (10) 1/5/12		Scheduled Completion Date (11) 1/6/12		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

<input 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) 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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Window Glazing	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 1		Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 1/6/12		City, State Tullytown, PA			
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.		Signature 		Date 1/4/12	

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

APPROVED
NJ Dept. of Health & Senior Services

(Signature)
Date: 1/5/12 Time: 10:00

7814

Date of Notification (1)
1/5/12

Name of Building Owner/Operator (2)
MRS SPRUCK

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

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

Street Address
551 HILLSIDE STREET

City, State, Zip Code
RIVERDELE NJ 07657

Name of Contact
MRS SPRUCK

Telephone Number & Licensing
201-262-5841

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
SPRUCK

Street Address
551 HILLSIDE STREET

City (5)
RIVERDELE

County (6)
BERGEN

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter B (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
1550

of Floors
2

Bldg. Age
56

Current Use (Prior if being demolished)
NES

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

Street Address
105 Lowell Road

City, State, Zip Code
Glen Rock, N.J. 07452

Project Manager for Monitoring Firm
Telephone No.

Telephone No.
201-262-5841

License No.
00156

Name of OSHA Monitor
Omega Environmental Services Inc.

Street Address
280 Huyler Street

City, State, Zip Code
Hackensack, NJ 07606

Start Date (10)
1/5/12

Scheduled Completion Date (11)
1/6/12

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
☐ ≥ 150 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	Encapsulate	Enclosure
<u>Boiler Room</u>			<u>X</u>	<u>PIPE</u>	<u>12 LF</u>	<u>X</u>			

Name of Registered Waste Hauler
Rovic Transport

NJDEP Waste Hauler ID No.
20785

Cubic Yards of Waste
.5

Name of Registered Landfill
IESI PA Bethlehem Landfill Corp.

City, State
Riverdale, New Jersey 07457

Disposal Date
1/5/12

City, State
Bethlehem, PA 18015

Completed by
R. McDonald

Title
President

Signature
R. McDonald

Date
1/5/12

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

Date of Notification (1) 1/5/12		Name of Building Owner/Operator (2) ST. JOSEPH CHURCH								
Agencies Notified	Type Notification	Street Address 216 COMLY ROAD								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LINCOLN PARK NJ 07035								
		Name of Contact KEN	Telephone Number 973-402-8339							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ST. JOSEPH RECTORY		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 216 COMLY RD		Square Feet 2400	# of Floors 2							
City (5) LINCOLN PARK		Bldg. Age 55								
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RECTORY								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road								
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452								
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156							
Start Date (10) 1/14/12	Scheduled Completion Date (11) 1/17/12	Name of OSHA Monitor Omega Environmental Services 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 280 Huyler Street								
		City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input 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) BASEMENT	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) PIPE	Amount (Specify SF or LF) 220 LF	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			X			X				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State Riverdale, New Jersey 07457		Disposal Date 1/14/12 on		City, State Bethlehem, PA 18015						
Completed by R. McDonald		Title President		Signature R. McDonald				Date 1/5/12		

304096

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

D&S Proj. #: MS 12-09

Date of Notification (1) 01/10/12		Name of Building Owner/Operator (2) CAROL KENNELLY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 601 BOGERT ROAD		City, State, Zip Code RIVER EDGE, NJ 07661	
Name of Contact CAROL KENNELLY		Telephone Number 201-493-9554	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL KENNELLY			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 601 BOGERT ROAD			Square Feet # of Floors Bldg. Age		
City (5) RIVER EDGE	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 01/14/12		Sched. Completion Date (11) 01/20/12	License Number 00159		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		VINYL ASBESTOS TILE	180 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/16/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) ROGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/04/12

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

D&S Proj. #: MS 12-10

Date of Notification (1) <u>01/11/10 4</u> / <u>12</u>		Name of Building Owner/Operator (2) <u>NANCY MIGNON</u>	
Agencies Notified	Type Notification	Street Address <u>1 RIDGE TERRACE</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>SHORT HILL, NJ</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Amendment #: _____	Name of Contact <u>NANCY MIGNON</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	Telephone Number <u>973-714-9750</u>	
<input type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>NANCY MIGNON</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1 RIDGE TERRACE</u>			Square Feet		
City (5) <u>SHORT HILL</u>			County (6) <u>ESSEX</u>		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address			Street Address <u>20 California Ave.</u>		
City, State, Zip Code			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-345-8020</u>		License Number <u>00159</u>
Start Date (10) <u>01/19/12</u>		Sched. Completion Date (11) <u>01/27/2</u>			
Occupancy Status During Abatement (Check only one)					
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.					
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>01/20/12</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>01/04/12</u>

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

Fax:

State of NJ

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

D&S Proj. #: MS 12-08

APPROVED
NJ Dept. of Health & Senior Services
Paw C. Roman
(signature)
Date: 1/4/12 Time: 8:57 AM

Date of Notification (1)
01/04/12

Name of Building Owner/Operator (2)
HAMMOND RESIDENCE

Street Address
112 UPPER MOUNTAIN AVENUE

City, State, Zip Code
MONTCLAIR, NJ 07042

Name of Contact
PAM DEVITA

Telephone Number
973-296-1709

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

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
HAMMOND RESIDENCE

Street Address
112 UPPER MOUNTAIN AVENUE

City (5)
MONTCLAIR

County (6)
ESSEX

County Code (7)
(State use only)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

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

Street Address
City, State, Zip Code

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
01/06/12

Sched. Completion Date (11)
01/16/12

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

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

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

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

☒ Renovation
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	240 L FT	X			
BASEMENT BOILER		X		BOILER INSULATION	105 SQ FT	X			
BASEMENT WATER TANK		X		WATER TANK INSULATION	40 SQ FT	X			
BASEMENT CRAWL SPACE		X		PIPE INSULATION	14 L FT	X			

Registered Waste Hauler
D & S RESTORATION, INC.

NJ DEP Hauler ID#
13506

Cubic Yards of Waste
6 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATTERSON, NJ 07503

Disposal Date
01/09/12

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
01/04/12

SB-41

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

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

Date of Notification (1) 01/04/12		Name of Building Owner/Operator (2) HAMMOND RESIDENCE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address 112 UPPER MOUNTAIN AVENUE	
		City, State, Zip Code MONTCLAIR, NJ 07042	
		Name of Contact PAM DEVITA	
		Telephone Number 973-296-1709	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HAMMOND 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 112 UPPER MOUNTAIN AVENUE					
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 01/06/12		Sched. Completion Date (11) 01/16/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

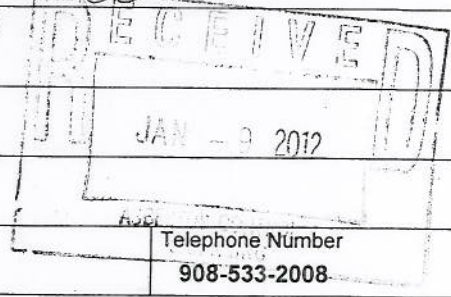
- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	240 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	105 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT WATER TANK		<input checked="" type="checkbox"/>		WATER TANK INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	14 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 6 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/09/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/04/12

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

CL# 2202



Date of Notification (1) 1 / 5 / 12		Name of Building Owner/Operator (2) Reckitt Benckiser							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 799 Route 206 City, State, Zip Code Hillsborough Name of Contact Matt DeCicco Telephone Number 908-533-2008							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Reckitt Benckiser - Exterior Tanks		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 799 Route 206		Square Feet							
City (5) Hillsborough		# of Floors							
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren St		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Trenton, NJ 08608		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Ryan Broadwater		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-392-4200		Telephone No. 215-788-6040							
Start Date (10) 1 / 16 / 12		License No. 00509							
Scheduled Completion Date (11) 1 / 18 / 12		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
<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
Exterior Tank 9 Endcap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic Debris	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 9 Endcap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 10 Endcap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Tank 10 Endcap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermal Insulation Mastic	79 SF	<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. 20990		Cubic Yards of Waste 12 Cu Yds	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE 19720		Disposal Date 1/18/12		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni/jl</i>		Date 1/5/12			

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

STEVENS ENVIRONMENTAL
SERVICES INC.
CHECK #24622

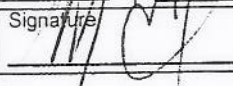
Date of Notification (1) <u>1/6/12</u>		Name of Building Owner/Operator (2) <u>Mr. John Gee</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1246 River Road</u>	
		City, State, Zip Code <u>Titusville, NJ 08560</u>	
		Name of Contact <u>Mrs. John Gee</u>	Telephone Number <u>(609) 731-7700</u>

RECEIVED

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>1246 River Road</u>		Square Feet	# of Floors
City (5) <u>Titusville</u>		Bldg. Age	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>1/16/12</u>	Scheduled Completion Date (11) <u>1/20/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am-4:30 pm</u>		Street Address <u>P.O. Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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
<u>pool area</u>			<input checked="" type="checkbox"/>	<u>spray-on fireproofing</u>	<u>810 SF</u>			<input checked="" type="checkbox"/>	

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1/2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>
City, State <u>Allentown, NJ</u>	Disposal Date <u>1/20/12</u>	City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>1/6/12</u>

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

Print Form

Date of Notification (1) 1/4/2012		Name of Building Owner/Operator (2) Walmart Super Center		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED JAN 9 2012 Telephone Number 732-433-3741 </div>					
Agencies Notified	Type Notification	Street Address 4900 US Highway 9							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Howell, NJ							
		Name of Contact Mark Stewart							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wal Mart Super Center				Type of Facility (4)					
Street Address 4900 US Highway 9				<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) Howell				Square Feet	# of Floors				
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Bldg. Age					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) Site Contractors, Inc.					
Street Address				Street Address 815 12th. Street					
City, State, Zip Code				City, State, Zip Code Hammonton, NJ 08037					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-567-1250	License No. 00839				
Start Date (10) 1/16/2012		Scheduled Completion Date (11) 1/20/2012		Name of OSHA Monitor West Chester Environmental					
Occupancy Status During Abatement (Check Only One)				Street Address 307 N. Walnut St.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code West Chester, Pa.					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roof Flashing	200 lf	x			
Name of Registered Waste Hauler Site Contractors, Inc.		NJDEP Waste Hauler ID No. 22131		Cubic Yards of Waste	Name of Registered Landfill Grows Landfill				
City, State Hammonton, NJ				Disposal Date 1/20/2012	City, State Tullytown, Pa				
Completed by Joan Giordano		Title Administrator		Signature <i>Joan Giordano</i>		Date 1/4/2012			