



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

2371

Date of Notification (1) 1/13/12		Name of Building Owner/Operator (2) Claire Laird / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 19 North 2nd Street							
		City, State, Zip Code Surf City NJ 08008							
		Name of Contact Claire							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Claire Laird / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 19 North 2nd Street		Square Feet 1000+	# of Floors 1						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Garage Only							
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) 1/24/12	Scheduled Completion Date (11) 1/25/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Siding			X	Exterior Siding	600 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/25/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/13/12		

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

2369

Date of Notification (1) 1/13/12		Name of Building Owner/Operator (2) Ted Fleuhr / residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 289 North 13th Street							
		City, State, Zip Code Surf City NJ 08008							
		Name of Contact TJ	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ted Fleuhr / residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 289 North 13th Street		Square Feet 1000+	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/23/12	Scheduled Completion Date (11) 1/27/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ 08091		Disposal Date 1/27/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/13/12		



**REMEMBER - MAIL IN HARD COPY**NOTIFICATION OF ASBESTOS ABATEMENT  
Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

1/6/12

Name of Building Owner/Operator (2)

Edward Koempel

Agencies Notified

☐ EPA☐ DEP☒ DOZ☒ DOB☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☒ EMERGENCY☐ Cancellation

Street Address

1711 Edmund Terr

City, State, Zip Code

Union, NJ 07083

Name of Contact

Edward Koempel

Telephone Number

DOL - 10 DAY

2012 JAN 17 5 56 PM '12

WAIVER APPROVED

## FACILITY INFORMATION

Name of Facility where Abatement is Taking Place (3)

Private

Type of Facility (4)

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

Street Address

1711 Edmund Terr

City (5)

Union

County (6)

Union

County Code (7)

(STATE USE ONLY)

Square Feet

2100

# of Floors

2

Bldg. Age

84

Current Use (Prior if being demolished)

Residence

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No

67

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

1/10/12

Sched. Completion Date (11)

1/11/12

Month Day Year

Month Day Year

Occupancy Status during Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Removal☐ Demolition☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovabag Procedure☐ 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	ENCLOSURE	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	85 lf	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste

1.25

Name of Registered Landfill

G.R.O.W.S.

City, State

Montclair, NJ 07042

Disposal Date

1/12/12

City, State

Morrisville, PA 19067

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

1/6/12



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

*CHK # 2458*

RECEIVED

Date of Notification (1) <u>1/10/12</u>		Name of Building Owner/Operator (2) <u>FAIRMONT TOWERS 90 MR MURPHY</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>585 NEWARK AVE</u>	
		City, State, Zip Code <u>ELIZABETH N.J.</u>	
		Name of Contact <u>MR MURPHY</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) _____		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>585 NEWARK AVE</u>			
City (5) <u>ELIZABETH N.J.</u>		Square Feet <u>10,000</u>	# of Floors <u>10</u>
County (6) <u>UNION</u>		County Code (7) (STATE USE ONLY)	Bldg. Age <u>60</u>
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>NOVATECH INC</u>
Street Address _____		Street Address <u>P.O. Box 814</u>	
City, State, Zip Code _____		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>(732) 238-7500</u>	License No. <u>00806</u>
Start Date (10) <u>1/19/12</u>	Scheduled Completion Date (11) <u>1/31/12</u>	Name of OSHA Monitor <u>NOVATECH INC</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>P.O. Box 814</u>	
		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		
	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>BOILER ROOM</u> <u>X</u> <u>BOILER INSULATION</u> <u>350 SF X</u>		
Name of Registered Waste Hauler <u>NOVATECH INC</u>		NIDEP Waste Hauler ID No. <u>12501</u>	Cubic Yards of Waste <u>20</u>
City, State <u>OLD BRIDGE N.J. 08857</u>		Disposal Date <u>2/10/12</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>
Completed By <u>CARLOS AMEIDA</u>		Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>
			Date <u>1/10/12</u>



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

*Ch # 2207*

Date of Notification (1) <div style="text-align: center;">1 / 11 / 12</div>		Name of Building Owner/Operator (2) <b>Norfolk Southern Railroad Company</b>							
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 <b>4600 Deer Path Rd., Suite 106</b>							
		City, State, Zip Code <b>Harrisburg, PA 17110</b>							
		Name of Contact <b>John Casey</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>TBT Facility</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>123 Dowd St</b>		Square Feet <b>500</b>	# of Floors <b>1</b>						
City (5) <b>Elizabeth</b>		Bldg. Age <b>30+</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office Trailers</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">1 / 23 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">1 / 26 / 12</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office Trailer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Window and Door Caulk	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Trailer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof sealer	300 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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE 19720</b>				Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <i>1/11/12</i>			



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80 and 12:120)

Fax:

Jan 11 2012 02:18pm P001/001

D&S Proj. #: MS 12-17

APPROVED  
NJ Dept. of Health & Senior Services  
*Paul C. Horn*  
(signature)  
Date: 1/11/12 Time: 1:12 PM

Date of Notification (1) <u>01/11/12</u>		Name of Building Owner/Operator (2) <b>WING HOM</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address <b>341 KEARNY AVENUE</b>	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>KEARNY, NJ 07032</b>	
		Name of Contact <b>WING HOM</b>	
		Telephone Number <b>ASBESTOS CONTROL</b>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>WING HOM</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>341 KEARNY AVENUE</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>KEARNY</b>	County (6) <b>HUDSON</b>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address		Street Address <b>20 California Ave.</b>	
City, State, Zip Code		City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm	Phone Number	Telephone Number <b>973-345-8020</b>	License Number <b>00139</b>
Start Date (10) <b>01/12/12</b>	Sched. Completion Date (11) <b>01/20/12</b>	Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
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: <b>NORMAL HOURS</b>		Street Address <b>20 California Avenue</b>	
		City, State, Zip Code <b>Paterson, NJ 07503</b>	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 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 <b>D &amp; S RESTORATION, INC.</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>1 YD</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>
City, State <b>PATERSON, NJ 07503</b>	Disposal Date <b>01/13/12</b>	City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>	Title <b>PRESIDENT</b>	Signature	Date <b>01/11/12</b>

ASB-41

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



Date of Notification (1) 01/11/12		Name of Building Owner/Operator (2) WING HOM	
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 341 KEARNY AVENUE		City, State, Zip Code KEARNY, NJ 07032	
Name of Contact WING HOM		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) WING HOM			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 341 KEARNY AVENUE			Square Feet		
City (5) KEARNY			County (6) HUDSON		# of Floors
County Code (7) (State use only)			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 01/12/12			License Number 00159		
Sched. Completion Date (11) 01/20/12			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code Paterson, NJ 07503		

Full Containment w/negative pressure			Mini-enclosure			Glovebag procedure			Non-Exempted (*) and Non-friable procedure		
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e 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	20 L FT	X					

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/13/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/11/12

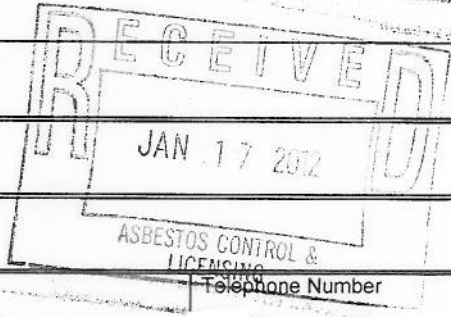


004168

D&S Proj. #: MS 12-14

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

Date of Notification (1) 10/1/11/12		Name of Building Owner/Operator (2) CAROLYN SWIFT JONES	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 3 SHIPPEN STREET	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WEEHAWKEN, NJ	
		Name of Contact CAROLYN SWIFT JONES	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROLYN SWIFT JONES			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 3 SHIPPEN STREET			Square Feet		
City (5) WEEHAWKEN			County (6) HUDSON		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 00159	
Start Date (10) 01/21/12		Sched. Completion Date (11) 01/31/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	150 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	65 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 01/23/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 01/11/12	



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

D&S Proj. #: MS 12-20

Date of Notification (1) 01/11/12		Name of Building Owner/Operator (2) ESTATE OF DOUGHERTY	
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 25 QUINCY AVENUE		City, State, Zip Code KEARNY, NJ 07032	
Name of Contact ED DOUGHERTY		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ESTATE OF DOUGHERTY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 25 SQUINCY AVENUE			Square Feet		
City (5) KEARNY			County (6) HUDSON		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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		Telephone Number 973-345-8020	
Phone Number		License Number 00159	
Start Date (10) 01/24/12		Sched. Completion Date (11) 01/31/12	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc.	
		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

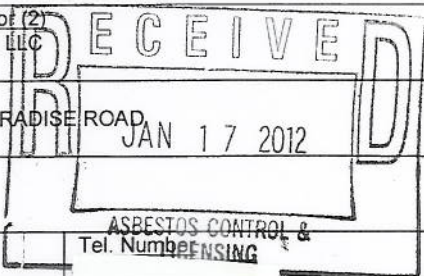
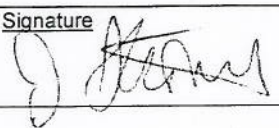
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	124 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		TRANSITE PANELS	170 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 01/25/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 01/11/12



No check

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

Date of Notification (1) 11 JANUARY 2012		Name of Building Owner/Operator (2) NUSTAR ASPHALT REFINING, LLC	
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type ( ) Initial Notification (x) Amended Certification ( ) Cancelled	Street Address PAULSBORO REFINERY, 4 PARADISE ROAD	
		City, State, Zip Code PAULSBORO, NJ 08066	
		Name of Contact GILBERTO DIAZ	
<div style="text-align: right;">  </div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NUSTAR ASPHALT REFINING, LLC - PAULSBORO		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 4 PARADISE ROAD		Sq. Feet <u>N/A</u> # of Floors <u>N/A</u>	
City (5) PAULSBORO	County (6) GLOUCESTER	County Code (7) (State Use Only)	Bldg. Age <u>~50 YEARS</u> Current Use (prior if being demolished) TANKS
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) BRANDENBURG INDUSTRIAL SERVICE COMPANY
Street Address N/A		Street Address 2217 SPILLMAN DRIVE	
City, State, Zip Code N/A		City, State, Zip Code BETHLEHEM, PA 18015	
Project Manager for Monitoring Firm N/A	Telephone Number N/A	Telephone Number (610) 691-1800	License Number 00721
Scheduled Start Date (10) 3 JANUARY 2012	Scheduled Completion Date (11) 11 JANUARY 2012	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - ( ) Describe - DEMOLITION OF ABANDONED TANKS AND PIPING ( ) Other - Describe - WORK HOURS, MON-FRI, 07:00 - 15:30		Street Address N/A	
		City, State, Zip Code N/A	
Source of Work (Check all that apply)			
(x) Demolition ( ) Renovation ( ) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Name of Reg. Waste Hauler N/A	NJDEP Waste Hauler ID # N/A	Cubic Yards of Waste N/A	Name of Reg. Landfill N/A
City, State N/A		Disp. Date N/A	City, State N/A
Completed by (Print or Type) Jennifer Strobel	Title Contract Administrator	Signature 	Date 11 JANUARY 2012

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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

Job #: 1201-1615  
Check #: 2551

Date of Notification (1) <b>1/13/12</b>		Name of Building Owner / Operator (2) <b>K. Hovnanian Homes</b>		
Agencies Notified	Type Notification	Street Address <b>110 Fieldcrest Avenue, 5<sup>th</sup> Floor</b>		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Edison, NJ 08837</b>		
		Name of Contact <b>Frank Wood</b>		
		Telephone Number		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Vacant Buildings</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>41 Strickland Road</b>			Square Feet <b>1,700</b>	# of Floors <b>2</b>	Bldg. Age <b>49</b>
City (5) <b>Howell</b>	County (6) <b>Monmouth</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant Buildings</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>16 West Elizabeth Avenue</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Linden, NJ 07036</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone Number <b>908-862-4301</b>	Telephone Number <b>609-702-0400</b>	License Number <b>00862</b>	
Scheduled Start Date (10) <b>1/23/12</b>	Scheduled Completion Date (11) <b>1/25/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf             | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure           |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input checked="" 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding	1,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Coops	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Debris	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

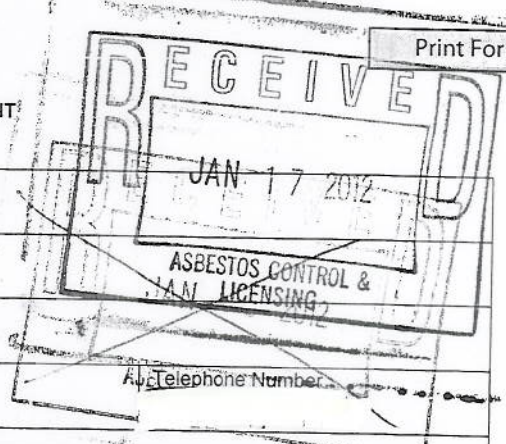
Name of Registered Waste Hauler <b>Horizon Disposal</b>	NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>1/26/12</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>	Title <b>Admin.</b>	Signature 	Date <b>1/13/12</b>



8697

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

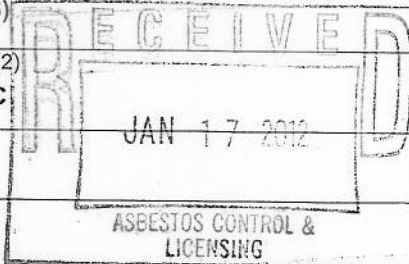
Print Form



Date of Notification (1) 01/03/2012		Name of Building Owner/Operator (2) Wells Fargo Bank NA							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	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 91 East Main Street						
			City, State, Zip Code Moorestown, NJ 08057						
		Name of Contact Joseph Otto							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank NA		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 201 Philadelphia Avenue		Square Feet 3000	# of Floors 1						
City (5) Egg Harbor City		Bldg. Age 85 years							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
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) 1/14/2012	Scheduled Completion Date (11) 01/21/2011	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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Transite Shingles	3000	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 1/21/12		City, State Bethlehem, PA					
Completed by Boro Atanasoski		Title Project Manager		Signature 				Date 01/03/2012	



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



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



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

D&S Proj. #: MS 12-25

APPROVED  
NJ Dept. of Health & Senior Services  
Date: Jan 17 2012 Time: 4:00

Date of Notification (1) <u>01/17/12</u>		Name of Building Owner/Operator (2) <b>MARIE VALE</b>	
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 <b>1087 1ST AVENUE</b>		City, State, Zip Code <b>RARITAN, NJ 08869</b>	
Name of Contact <b>MARIE VALE</b>		Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>MARIE VALE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>1087 1ST AVENUE</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>RARITAN</b>	County (6) <b>SOMERSET</b>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) <b>D &amp; S RESTORATION, INC.</b>		ASCM No.		Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>	
Street Address		Street Address <b>20 California Ave.</b>		City, State, Zip Code <b>Paterson, NJ 07503</b>	
City, State, Zip Code		Telephone Number <b>973-345-8020</b>		License Number <b>00159</b>	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
Start Date (10) <b>01/16/12</b>		Sched. Completion Date (11) <b>01/27/12</b>		Street Address <b>20 California Avenue</b>	
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: <b>NORMAL HOURS</b>		City, State, Zip Code <b>Paterson, NJ 07503</b>			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥180 sf or ≥280 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	54 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"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>		Cubic Yards of Waste <b>2 YDS</b>		Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>01/17/12</b>		City, State <b>TULLYTOWN, PA</b>			
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>		Signature		Date <b>01/12/12</b>	

ASB-41

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



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

D&S Proj. #: MS 12-25

Date of Notification (1) <u>01/12/12</u>		Name of Building Owner/Operator (2) <b>MARIE VALE</b>	
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 <b>1087 1ST AVENUE</b>		City, State, Zip Code <b>RARITAN, NJ 08869</b>	
Name of Contact <b>MARIE VALE</b>		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>MARIE VALE</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>1087 1ST AVENUE</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>RARITAN</b>	County (6) <b>SOMERSET</b>	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) <b>D &amp; S RESTORATION, INC.</b>	
Street Address _____		Street Address <b>20 California Ave.</b>		
City, State, Zip Code _____		City, State, Zip Code <b>Paterson, NJ 07503</b>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <b>973-345-8020</b>	License Number <b>00159</b>
Start Date (10) <b>01/16/12</b>	Sched. Completion Date (11) <b>01/27/12</b>			
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: <b>NORMAL HOURS</b>				

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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	54 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 <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>2 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>01/17/12</b>		City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>	Signature _____		Date <b>01/12/12</b>



Date of Notification (1) 10/11/12		Name of Building Owner/Operator (2) JOSEPH MONACO	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 829 PROSPECT STREET	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code RIDGEFIELD, NJ	
		Name of Contact EILEEN MEEHAN	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOSEPH MONACO			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 829 PROSPECT AVENUE			Square Feet # of Floors Bldg. Age		
City (5) RIDGEFIELD	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 01/23/12		Sched. Completion Date (11) 01/31/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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 (WRAP & CUT)		<input checked="" type="checkbox"/>		HEATING PIPES	86 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

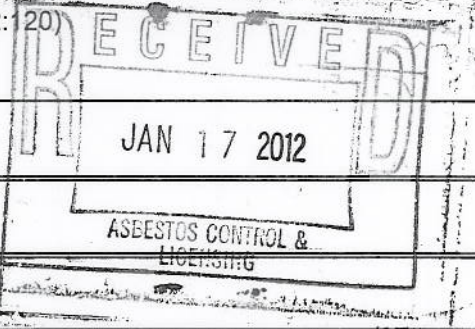
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/24/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/12/12



004113

D&amp;S Proj. #: MS 12-26

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:20)



Date of Notification (1) 01/12/12		Name of Building Owner/Operator (2) STATCO INCORPORATED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 301 16TH STREET	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code JERSEY CITY, NJ 07310	
		Name of Contact JIMMY MARZANO	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) WAREHOUSE			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 301 16TH STREET			Square Feet # of Floors Bldg. Age		
City (5) JERSEY CITY			County (6) HUDSON		
			County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number 973-345-8020		
Phone Number			License Number 00159		
Start Date (10) 01/24/12			Sched. Completion Date (11) 01/31/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
WAREHOUSE		<input checked="" type="checkbox"/>		PIPE INSULATION	20 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOADING DOCK		<input checked="" type="checkbox"/>		PIPE INSULATION	40 L FT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/25/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/12/12



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

B & G proj. #: 2012-21

Check # 5020

Date of Notification (1) 01/16/12		Name of Building Owner/Operator (2) Steven Hantz	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 130 Culberson Road		City, State, Zip Code Basking Ridge, NJ 07920	
Name of Contact Chris Dauuno		Telephone Number ASBESTOS CONTROL & LICENSE	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Steven Hantz			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 130 Culberson Road			Square Feet    # of Floors    Bldg. Age		
City (5) Basking Ridge, NJ 07920	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 1/27/2012		Sched. Completion Date (11) 1/27/2012	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Dining & Living Room, Study			<input checked="" type="checkbox"/>	pipe (wrap & cut)	54 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 1/20/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 1/16/2012



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

B & G proj. #: 2012-08

Check # 5015

Date of Notification (1) <u>10/11/16/12</u>		Name of Building Owner/Operator (2) Estate of Joan Daddio	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 61 McKinley Street		City, State, Zip Code Nutley, NJ 07110	
Name of Contact Deborah Verdi		Telephone Number ASBESTOS CONTROL	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Estate of Joan Daddio			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 61 McKinley Street			Square Feet    # of Floors    Bldg. Age		
City (5) Nutley, NJ 07110	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 1/26/2012		Sched. Completion Date (11) 1/26/2012	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	43 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen area			<input checked="" type="checkbox"/>	pipe insulation	36 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room area			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 1/27/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 1/16/2012



Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:20-7)

B &amp; G proj. #: 2012-06

Check # 5018

Date of Notification (1)

01/16/12

Name of Building Owner/Operator (2)

Charles Walter

Street Address

13 Orchard Terrace

City, State, Zip Code

West Orange, NJ 07052

Name of Contact

Charles Walter

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Charles Walter

Street Address

13 Orchard Terrace

City (5)

West Orange, NJ 07052

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)  
residential

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

1/27/2012

Sched. Completion Date (11)

1/27/2012

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_☐ Other-Describe: \_\_\_\_\_

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedureLocation of  
asbestos-containing  
material to be  
abated in facility (13)Is location normally used solely  
by maintenance/custodial  
staff (12)

Yes

No

N/A

Description of asbestos-containing  
material (ACM)Amount  
(Specify SF or  
LF)R  
e  
m  
o  
v  
eR  
e  
p  
a  
i  
rE  
n  
c  
a  
pE  
n  
c  
l

basement

pipe insulation

84 lf

☒☐☐☐Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
1 yardName of Registered Landfill  
Tullytown Resource & Recovery CenterCity, State  
Lincoln Park, NJ 07035Disposal Date  
1/30/12City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Treasurer

Signature

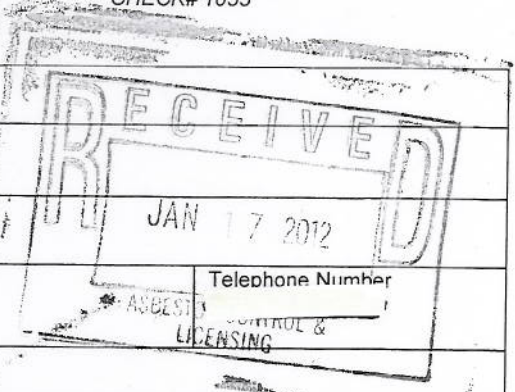
Gordana Luna

Date  
1/16/2012



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

CHECK# 1055

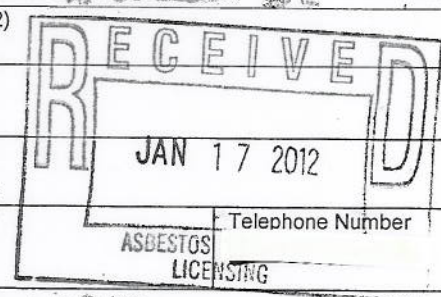


Date of Notification (1) 1/12/12		Name of Building Owner/Operator (2) Ferro Corporation	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address Rt 130 South
			City, State, Zip Code Bridgeport NJ 08014
			Name of Contact John Nepi
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Ferro Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address Rt 130 South			Square Feet  
City (5) Bridgeport			# of Floors 1
County (6) Gloucester			Bldg. Age  
County Code (7) (STATE USE ONLY)		Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ESI		ASCM No.	Name of Contractor (9) County Environmental
Street Address PO Box 160		Street Address 461 New Churchmans Rd.	
City, State, Zip Code Kirkwood, De		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Lew Morrison		Telephone No. 800-319-0004	Telephone Number (302) 322-8946
License Number 00578			
Scheduled Start Date (10) 1-16-12	Scheduled Completion Date (11) 1-16-12		
Name of OSHA Monitor County Environmental (12-018A)			
Street Address 461 New Churchmans Road			
City, State, Zip Code New Castle, DE 19720			
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: Unoccupied open roof.			
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <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         </div> </div>			
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)		
Pipe rack system over the control room	Insulation is a thermal application on an outside steam line		
Amount (Specify SF or LF)	15-20 lf		
Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW-0947	Cubic Yards of Waste <20
Name of Reg. Landfill Minerva landfill			
City, State New Castle De		Disposal Date TBD	City, State Waynesburg, OH
Completed by Greg Godwin	Title Project Manager		Signature 
			Date 1/12/12



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

*Check # 1056*



Date of Notification (1) 1/12/12		Name of Building Owner/Operator (2) First Baptist Church of Elmer						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 209 Broad Street						
		City, State, Zip Code Elmer NJ 08318						
		Name of Contact Rev. Richard Jones Sr						
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>								
Name of Facility Where Abatement is Taking Place (3) Baptist Church of Elmer / Basement		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 209 Broad Street								
City (5) Elmer		Square Feet 4500	# of Floors 2					
		Bldg. Age 70						
County (6) Gloucester		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Bldg. Owner (8) ESI		ASCM No.						
Street Address PO Box 160		Name of Contractor (9) County Environmental						
City, State, Zip Code Kirkwood, De		Street Address 461 New Churchmans Rd.						
Project Manager for Monitoring Firm Lew Morrison		City State, Zip Code New Castle, DE 19720	Telephone Number (302) 322-8946					
Scheduled Start Date (10) 1/30/12	Scheduled Completion Date (11) 2/1/12	License Number 00578						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor County Environmental						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 461 New Churchmans Road City, State, Zip Code New Castle, DE 19720						
		<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
Basement of facility		x		VAT	1200 SF	x		
Name of Reg. Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW-0947		Cubic Yards of Waste <20	Name of Reg. Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH				
Completed by Greg Godwin	Title Project Manager			Signature 			Date 1/12/12	



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

CH # 7823

APPROVED  
NJ Dept. of Health & Senior Services  
*[Signature]*  
(signature)  
Date: 1/11/12 Time: 8:18 AM

Date of Notification (1) 1/11/12		Name of Building Owner/Operator (2) MRS SMYTH		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> (signature) Date: 1/11/12 Time: 8:18 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 276 CRESTVIEW PLACE City, State, Zip Code BROOKLYN NJ 07603 Name of Contact MRS SMYTH FACILITY INFORMATION	
Name of Facility Where Abatement Is Taking Place (3) SMYTH				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 276 CRESTVIEW PLACE				Square Feet 1550	
City (5) BROOKLYN				# of Floors 2	
County (6) BROOKLYN				Bldg. Age 56	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) RES	
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.		Telephone No. 201-262-5841	
Start Date (10) 1/11/12		Scheduled Completion Date (11) 1/18/12		License No. 00156	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor Omega Environmental Services Inc.	
				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 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-Frable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF) 4000	
				Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	
City, State Riverdale, New Jersey 07457		Disposal Date 1/12/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature <i>[Signature]</i> Date 1/11/12	



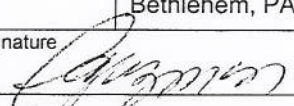
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CH # 7823

Date of Notification (1) 1/11/12		Name of Building Owner/Operator (2) MRS SMYTH		APPROVED NJ Dept. of Health & Senior Services Paul C. Hanner (signature) Date: 1/11/12 Time: 8:18 AM				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 276 CRESTVIEW PLACE City, State, Zip Code BUCOTA NJ 07603 Name of Contact MRS SMYTH Telephone				
Name of Facility Where Abatement is Taking Place (3) SMYTH				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 276 CRESTVIEW PLACE		City (5) BUCOTA		Square Feet 1550 # of Floors 2 Bldg. Age 56				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) FBI				
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 Glen Rock, N.J. 07452				
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156				
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.				
Start Date (10) 1/11/12		Scheduled Completion Date (11) 1/20/12		Street Address 280 Huyler Street				
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:		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 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-Exemptable Procedures								
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
PAVEMENT			X	PLUMB	40 LF	X		
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 1/21/12		City, State Bethlehem, PA 18015				
Completed by R. McDonald		Title President		Signature R. McDonald		Date 1/11/12		

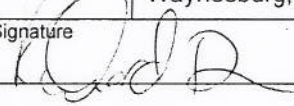


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) January 09/2012		Name of Building Owner/Operator (2) Holy Trinity Interparochial School							
Agencies Notified	Type Notification	Street Address 336 First Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, N.J. 07090							
		Name of Contact Keith Gibbons	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Holy Trinity Interparochial School		Type of Facility (4)							
Street Address 336 First Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Westfield, NJ 07090		Square Feet 60,000	# of Floors 2						
		Bldg. Age 60+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 464 Valley Brook Avenue		Street Address 426 69th Street							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm Jim Ruff		Telephone No. 201-438-4839	Telephone No. 201-295-1700						
		License No. 01074							
Start Date (10) 1/13/2012	Scheduled Completion Date (11) 1/16/2012	Name of OSHA Monitor EA Services Corporation							
Occupancy Status During Abatement (Check Only One)		Street Address 426-69th Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting Fri 5 PM around the clock		City, State, Zip Code Guttenberg, NJ 07093							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gymnasium		x		Wood floor w/associated mastic	1,200 SF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill IESI-Bethlehem Landfill Corporation					
City, State Wayne, NJ		Disposal Date tbd		City, State Bethlehem, PA					
Completed by Luz Guzman		Title Office Manager		Signature 			Date 01/09/2012		

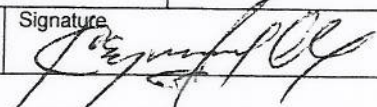


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 01-06-11		Name of Building Owner/Operator (2) University Medical Center at Princeton							
Agencies Notified	Type Notification	Street Address 253 Witherspoon Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Michael Antoniades							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) University Medical Center at Princeton: Building # 7		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 3850 U.S. RT. 1		Square Feet 178,000	# of Floors 1						
City (5) Plainsboro, NJ 08536		Bldg. Age 29 yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No. 00118	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 464 Valley Brook Avenue		Street Address 200 Broad Street							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 01-17-12	Scheduled Completion Date (11) 04-31-12	Name of OSHA Monitor Athenica Environmental							
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 45-09 Greenpoint Avenue							
		City, State, Zip Code Long Island City, NY 11104							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Throughout Building Walls			x	Drywall Joint Comound	16,000SF	x			
Room 7-23 (B-Bay)			x	Transite Hood Lining	75SF	x			
Throughout Building			x	Mastic	3,200SF	x			
Room 7-33; Kitchen			x	Mastic	200SF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature 		Date 01-06-12			



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

Date of Notification (1) 01/09/2012		Name of Building Owner/Operator (2) CAREN REI							
Agencies Notified	Type Notification	Street Address 304- IVY STREET							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code KEARNY N.J. 07032							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact CAREN REI	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 304- IVY ST.		Square Feet 158	# of Floors 2						
City (5) KEARNY N.J.		Bldg. Age 95							
County (6)	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) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 - 708- 4270						
Start Date (10) 01/10/2012		Scheduled Completion Date (11) 01/11/2012	License No. 01135						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES LLC.							
		Street Address 2333 ROUTE 22 SOUTH							
		City, State, Zip Code UNION N.J.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMANT		X		PIPE INSULATION	158 LF.	X			
Name of Registered Waste Hauler DJM TRANSPORT INC		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 1	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State KEARNY N.J.			Disposal Date 01/ 13/2012	City, State NEWBURG PA. 17242					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 	Date 01/10/2012					



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

Date of Notification (1) <b>1/9/12</b>		Name of Building Owner/Operator (2) <b>Nancy Trehwella</b>	
Agencies Notified	Type Notification	Street Address <b>380 Grove Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ 07043</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Nancy Trehwella</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>380 Grove Street</b>			Square Feet <b>2600</b>		
City (5) <b>Montclair</b>			County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>3</b>
			Bldg. Age <b>52</b>		
			Current Use (Prior if being demolished) <b>Residence</b>		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>67</b>	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>1/23/12</b>	Sched. Completion Date (11) <b>1/24/12</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year <b>1 23 12</b>		Month Day Year <b>1 24 12</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address		
		City, State, Zip Code		

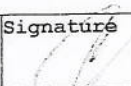
## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	18 lf	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>1/25/12</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature 		Date <b>1/9/12</b>



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

Date of Notification (1) 01-10-2012		Name of Building Owner/Operator (2) 94 Ridgedale LLC	
Agencies Notified	Type Notification	Street Address PO Box 1024	
<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 Morristown, NJ 07962	
		Name of Contact Joe Giannetti	Telephone Number

CH# 3456

RECEIVED

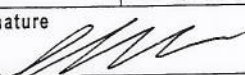
JAN 17 2012

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demolition		Type of Facility (4)							
Street Address 96 Ridgedale 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) Morristown		Square Feet 630 SF	# of Floors 2						
County (6) Morris		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House for Demolition							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 01-23-2012		Scheduled Completion Date (11) 01-31-2012	License No. 01088						
Name of OSHA Monitor J & S Environmental									
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Rt. 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Facade			X	Window Glazing	15 Windows	X			
Basement			X	Asbestos Pipe Insulation	60 LF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State 22 Troy Lane		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 01-10-2012					



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

Check No. **No Fee**

Date of Notification (1) <b>January 11, 2012</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>				
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCL <small>Not required for State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Building 80, 2nd Floor</b> City, State, Zip Code <b>Newark, NJ 07114</b> Name of Contact <b>Ralph Campione</b>				
		Telephone Number <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> <b>RECEIVED</b>  <b>JAN 17 2012</b> </div>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Terminal B</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>Terminal B, Newark Liberty International Airport</b>						
City (5) <b>Newark</b>	Square Feet <b>320,000</b>	# of Floors <b>4</b>	Bldg. Age <b>40 +/-</b>			
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Terminal</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>			
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>				
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>				
Project Manager for Monitoring Firm <b>Ralph Campione</b>	Telephone No. <b>973-624-6898</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>			
Start Date (10) <b>January 22, 2012</b>	Scheduled Completion Date (11) <b>January 20, 2013</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>				
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 type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b>				
		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>				
Scope of Work (Check all that apply)						
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) <b>750 sq ft</b>	Abatement Type		
				Removal	Repair	Encapsulate
Mechanical Equipment Room Number 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fireproofing		<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19555</b>	Cubic Yards of Waste <b>150</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>		
City, State <b>Bronx, NY</b>		Disposal Date <b>01/24/12 - 02/28/12</b>	City, State <b>Waynesburg, OH</b>			
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>	Signature 		Date <b>1/11/2012</b>		



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

CK# 3458

Date of Notification (1) 01-10-2012		Name of Building Owner/Operator (2) 94 Ridgedale LLC							
Agencies Notified	Type Notification	Street Address PO Box 1024							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07962							
		Name of Contact Joe Giannetti	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House for Demolition		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 94 Ridgedale Ave.		Square Feet 740 SF	# of Floors 2						
City (5) Morristown		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House for Demolition							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
			License No. 01088						
Start Date (10) 01-23-2012	Scheduled Completion Date (11) 01-31-2012	Name of OSHA Monitor J & S Environmental							
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: 9 am - 5 pm		Street Address 2333 Rt. 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Dining Room			X	Remnant Felt on Floor	50 SF	X			
Basement			X	Asbestos Pipe Insulation	45 LF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State 22 Troy Lane			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 01-10-2012					



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

Check # 5009

Date of Notification (1) 01/10/12		Name of Building Owner/Operator (2) Maria Chaffart		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Hammer</i> (signature) Date: 1/9/12 Time: 3:07 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 214 Stephens Street	
		City, State, Zip Code Belleville, NJ 07109		Name of Contact Maria Chaffart	
				Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maria Chaffart			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 214 Stephens Street			Square Feet		
City (5) Belleville, NJ 07109			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		
Phone Number			License Number 0378		
Scheduled Start Date (10) 1/10/2012			Name of OSHA Monitor B & G Restoration, Inc.		
Sched. Completion Date (11) 1/10/2012			Street Address 105 Ryerson Road		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n g l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	65 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	10 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 1/11/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 1/9/2012



B &amp; G proj. #: 2012-14

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

\*\*\* Emergency \*\*\*

Check # 5009

Date of Notification (1) <u>10/11/10</u> / <u>19</u> / <u>12</u>		Name of Building Owner/Operator (2) <u>Maria Chaffart</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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>214 Stephens Street</u>	
		City, State, Zip Code <u>Belleville, NJ 07109</u>	
		Name of Contact <u>Maria Chaffart</u>	Telephone Number <u>                    </u>

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Maria Chaffart</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>214 Stephens Street</u>			Square Feet    # of Floors    Bldg. Age		
City (5) <u>Belleville, NJ 07109</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address <u>                    </u>			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code <u>                    </u>			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm <u>                    </u>		Phone Number <u>                    </u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>1/10/2012</u>		Sched. Completion Date (11) <u>1/10/2012</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</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- Describe: <u>                    </u> <input type="checkbox"/> Other-Describe: <u>                    </u>				Street Address <u>105 Ryerson Road</u>	
				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

## Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input checked="" type="checkbox"/> Mini-enclosure            | <input type="checkbox"/> Non-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	65 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	10 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>1/11/12</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>1/9/2012</u>



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

Date of Notification (1) <b>JAN. 12, 2011</b>		Name of Building Owner/Operator (2) <b>LEVIN MANAGEMENT CORP.</b>						
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" 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 <b>975 RT. 22 WEST JAN 17 2012</b> City, State, Zip Code <b>NORTH PLAINFIELD NJ 07060</b> Name of Contact <b>STEVEN TRATT</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>CLIFTON PLAZA (SHOPPING CTR)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>100 RT. 46 @ VANHOUTEN</b>		Square Feet <b>1500</b>						
City (5) <b>CLIFTON</b>		# of Floors <b>1</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>20+</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RETAIL SPACE</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS, INC.</b>		ASCM No. <b>0045</b>						
Street Address <b>64 BROAD ST.</b>		Name of Abatement Contractor (9) <b>UNIPRO, INC.</b>						
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>173 KARKUS AVE.</b>						
Project Manager for Monitoring Firm <b>THOMAS P. GEIGER</b>		City, State, Zip Code <b>WOODBIDGE, NJ 07095</b>						
Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-726-3111</b>						
Start Date (10) <b>01-30-2012</b>		License No. <b>00615</b>						
Scheduled Completion Date (11) <b>02-02-2012</b>		Name of OSHA Monitor <b>ENVIRONMENTAL TACTICS, INC.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>64 BROAD ST.</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>MATAWAN, NJ 07747</b>						
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
<b>FORMER MARDI GRAS CLEANER SPACE</b>			<b>X</b>	<b>VAT</b>	<b>960 SF.</b>	<b>X</b>		
			<b>X</b>	<b>THERMAL PIPE INS.</b>	<b>30 L.F.</b>	<b>X</b>		
Name of Registered Waste Hauler <b>NEWARK CARTING, INC.</b>		NJDEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>15</b>		Name of Registered Landfill <b>GROW.S. INC.</b>		
City, State <b>NEWARK, NJ.</b>		Disposal Date <b>02-03-12</b>		City, State <b>MORRISVILLE, PA.</b>				
Completed by <b>DAVID T. TOLCHIN</b>		Title <b>PRES.</b>		Signature <b>David T. Tolchin</b>		Date <b>01-12-2012</b>		



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

CK 3313

Date of Notification (1) <b>1/10/12</b>		Name of Building Owner/Operator (2) <b>MR. JAMES TOSNEY</b>							
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 <b>292 EDGEWOOD</b>							
		City, State, Zip Code <b>TEANECK, NJ 07666</b>							
		Name of Contact <b>MR. TOSNEY</b>	Telephone Number & _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. TOSNEY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>292 EDGEWOOD AVE</b>		Square Feet <b>2500</b>	# of Floors <b>2</b>						
City (5) <b>TEANECK</b>		Bldg. Age <b>1940</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>1/23/12</b>		Scheduled Completion Date (11) <b>1/24/12</b>							
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: <b>2AM TO 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>							
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) <b>BASEMENT</b>	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) <b>THERMAL INSULATION</b>	Amount (Specify SF or LF) <b>70 LF</b>	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Name of Registered Waste Hauler <b>DJM Transport, Inc</b>		NJDEP Waste Hauler ID No. <b>22393</b>	Cubic Yards of Waste <b>2 1/2</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>South Kearny N.J. 07032</b>		Disposal Date <b>1/24/12</b>		City, State <b>Newburgh PA, 17242</b>					
Completed by <b>J. MAIORANO</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>1/10/12</b>					