

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

Check # 8104

Date of Notification (1) <b>1-23-12</b>		Name of Building Owner/Operator (2) <b>Franchi Demolition</b>								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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>P.O. Box 734</b>							
	City, State, Zip Code <b>Camden NJ 08101</b>		Name of Contact <b>Mark Franchi</b>							
	Telephone Number _____		_____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Franklin Trailers</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>1016 White Horse Pike</b>		Square Feet _____	# of Floors <b>2</b>							
City (5) <b>Somerdate NJ 08083</b>		Bldg. Age <b>50+</b>								
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Vacant House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies Inc</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>								
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>								
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609758-3365</b>	Telephone No. <b>609758-3365</b>							
License No. <b>00394</b>		License No. <b>00394</b>								
Start Date (10) <b>2-2-12</b>		Scheduled Completion Date (11) <b>2-3-12</b>								
Name of OSHA Monitor <b>EPC Technologies Inc</b>		Name of OSHA Monitor <b>EPC Technologies 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>P.O. Box 337</b>								
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</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 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 walls	Yes	No	N/A	Siding Shingles	1000 SF	X				
Name of Registered Waste Hauler <b>EPC Technologies Inc</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Waste Management of PA</b>						
City, State <b>New Egypt NJ</b>		Disposal Date <b>2-3-12</b>	City, State <b>Morrisville PA</b>							
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>1-23-12</b>					

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

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

Check # 8103

Date of Notification (1) <b>1-21-12</b>		Name of Building Owner/Operator (2) <b>Griffin Clapp</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>816 Kennedy Street</b>										
		City, State, Zip Code <b>Manville NJ 08835</b>										
		Name of Contact <b>Griffin Clapp</b>										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</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>816 Kennedy Street</b>		Square Feet	Bldg. Age									
City (5) <b>Manville NJ 08835</b>		<b>2</b>	<b>75+</b>									
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being-demolished)										
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies Inc</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>									
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>										
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>										
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>									
Start Date (10) <b>1-31-12</b>	Scheduled Completion Date (11) <b>1-31-12</b>	Name of OSHA Monitor <b>EPC Technologies 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>P.O. Box 337</b>										
		City, State, Zip Code <b>New Egypt NJ 08533</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure					
<b>Kitchen</b>		<b>X</b>		<b>Cement Paneling Board</b>	<b>300 SF</b>	<b>X</b>						
Name of Registered Waste Hauler <b>EPC Technologies Inc</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>								
City, State <b>New Egypt NJ</b>		Disposal Date <b>2-1-12</b>	City, State <b>Morrisville PA</b>									
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>1-21-12</b>									

No check

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



Date of Notification (1) 01 / 18 / 2012		Name of Building Owner/Operator (2) Exxon Mobil Environmental Services	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL WD DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # - 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 52 Beacham Street	
		City, State, Zip Code Everett, MA. 02149	
		Name of Contact Eric W. Errico	Telephone Number 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Formaldehyde Production Manufacturing Plant		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 1 Hudson J		Square Feet N/A	# of Floors N/A
City (5) Everett		Bldg. Age 65	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) manufacturing	

Name of Monitoring Firm Hired by Building Owner (8) ARCAOIS	ASCM No.	Name of Abatement Contractor (9) Terra Abatement Services, LLC	
Street Address 194 Forbes Road		Street Address 5787 Stadium Drive	
City, State, Zip Code BRAINTREE, MA 02184		City, State, Zip Code KALAMAZOO, MICHIGAN 49009	
Project Manager for Monitoring Firm Greg Donovan	Telephone No. 781-366-7300	Telephone No. 269-375-9095	License No. 01080

Start Date (10) 2-16-12	Scheduled Completion Date (11) 3-2-12	Name of OSHA Monitor Analytical Testing & Consulting Services	
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 14625 Doster Rd.	
		City, State, Zip Code Plainville, MI 49080	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
attached to tanks 97, 98, 61	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thermal systems insulation	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pods # 3-6-7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	thermal systems insulation	1500 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 Hazardous Environmental Group	NJDEP Waste Hauler ID No. 1665	Cubic Yards of Waste 120	Name of Registered Landfill HIGH ACRES
City, State Buffalo, NY	Disposal Date 3-5-12	City, State FAIRFAX, NY	
Completed By (Print or Type) Gregory G. Moe	Title Director of Abatement Services	Signature Gregory G. Moe	Date 1-18-2012

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

Date of Notification (1) January 19, 2012		Name of Building Owner/Operator (2) Zarrilli Homes	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 186 Mantoloking Road
			City, State, Zip Code Brick, New Jersey 08723
			Name of Contact Rich Zarrilli

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 106 Harborage Place			Square feet 1200 sf	# of Floors 1	Bldg. Age 60
City Waretown	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 2/2/12	Scheduled Completion Date (11) 2/6/12	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input 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			R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1150 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 2/7/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 1/19/2012	

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

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

Date of Notification (1) January 19, 2012		Name of Building Owner/Operator (2) T C B Associates	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P O Box 3204
			City, State, Zip Code Point Pleasant, New Jersey 08742
			Name of Contact Kathy

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2231 Foster Road			Square feet 1800 sf	# of Floors 1	Bldg. Age 60
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 2/1/12		Scheduled Completion Date (11) 2/2/12			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1600 sf	X			

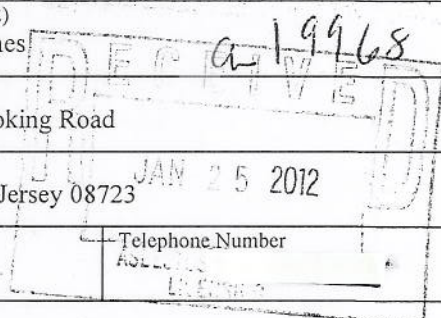
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 2/3/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fericola		Title Project Manager	Signature <i>Nicholas Fericola</i>		Date 1/19/12

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

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**

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

Date of Notification (1) January 19, 2012		Name of Building Owner/Operator (2) Zarrilli Homes	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 186 Mantoloking Road	
		City, State, Zip Code Brick, New Jersey 08723	
		Name of Contact Rich Zarrilli	Telephone Number _____



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 108 Harborage Place			Square feet 1200 sf	# of Floors 1	Bldg. Age 60
City Waretown	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 2/2/12	Scheduled Completion Date (11) 2/6/12	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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		
City, State, Zip Code Piscataway, New Jersey 08854					

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	E N C L O S U R E	
Exterior		X		Asbestos siding	1200 sf	X				

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 2/7/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 1/19/2012

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

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

REMEMBER - MAIL IN HARD COPY

B & G Proj. # 2012-25

Check # 5033

Date of Notification (1)  
 10/11/12 13/11/12

Name of Building Owner/Operator (2)  
 Veronica O'Connell

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

Street Address  
 11 Fairway

City, State, Zip Code  
 Bloomfield, NJ 07003

Name of Contact  
 Veronica O'Connell

Telephone Number

**DOL - 10 DAY**  
 JAN 23 2012  
 WAIVER AP

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 Veronica O'Connell

Street Address  
 11 Fairway

City (5)  
 Bloomfield, NJ 07003

County (6)  
 Essex

County Code (7)  
 (State use only)

Type of Facility  
 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 Abatement Contractor (9)  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 Lincoln Park, NJ 07035

Telephone Number  
 973-696-6869

Licence Number  
 0378

Name of OSHA Monitor  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 Lincoln Park, NJ 07035

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

ASCM No.

Project Manager for Monitoring Firm  
 Phone Number

Scheduled Start Date (10)  
 1/24/2012

Planned Completion Date (11)  
 1/24/2012

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 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	v	m	o	v	e	n	o	p	a	e	n	c	l	
	Yes	No	N/A																	
basement boiler room			X	pipe insulation	16 lf	X														

Registered Waste Hauler  
 B & G Restoration, Inc.

NJDEP Hauler ID#  
 19563

Cubic Yards of Waste  
 2 yards

Name of Registered Landfill  
 Tullytown Resource & Recovery Center

City, State  
 Tullytown, PA

Disposal Date  
 1/25/2012

City, State  
 Lincoln Park, NJ 07035

Completed by (Print or Type)  
 Gordana Luna

Title  
 Treasurer

Signature  
 Gordana Luna

Date  
 1/23/2012

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

B & G proj. #: 2012-25

Check # 5033

Date of Notification (1)  
 10 11 1/12 13 1/11 12 1

Name of Building Owner/Operator (2)  
 Veronica O'Connell

Street Address  
 11 Fairway

City, State, Zip Code  
 Bloomfield, NJ 07003

Name of Contact  
 Veronica O'Connell

Telephone Number

APPROVED  
 NJ Dept. of Health & Senior Services  
 Paul C. [Signature]  
 Date: 1/23/12 Time: 11:57 AM

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 Veronica O'Connell

Street Address  
 11 Fairway

City (5) County (6) County Code (7) (State use only)  
 Bloomfield, NJ 07003 Essex

Type of Facility (4)  
 School (K - 12)  
 Subchapter B (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) ASCM No.  
 n/a

Name of Abatement Contractor (9)  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 Lincoln Park, NJ 07035

Telephone Number License Number  
 973-696-6869 0378

Name of OSHA Monitor  
 B & G Restoration, Inc.

Street Address  
 105 Ryerson Road

City, State, Zip Code  
 Lincoln Park, NJ 07035

Scheduled Start Date (10) Sched. Completion Date (11)  
 1/24/2012 1/24/2012

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 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 boiler room			X	pipe insulation	16 lf	X			

Registered Waste Hauler  
 B & G Restoration, Inc.

NJDEP Hauler ID#  
 19563

Cubic Yards of Waste  
 2 yards

Name of Registered Landfill  
 Tullytown Resource & Recovery Center

City, State  
 Lincoln Park, NJ 07035

Disposal Date  
 1/25/2012

City, State  
 Tullytown, PA

Completed by (Print or Type)  
 Gordana Luna

Title  
 Treasurer

Signature  
 Gordana Luna

Date  
 1/23/2012



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

B & G proj. #: 2012-25

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

Check # 5033

Date of Notification (1) <u>10</u> / <u>11</u> / <u>12</u> <u>13</u> / <u>11</u> <u>12</u> /		Name of Building Owner/Operator (2) <u>Veronica O'Connell</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>11 Fairway</u>		City, State, Zip Code <u>Bloomfield, NJ 07003</u>	
Name of Contact <u>Veronica O'Connell</u>		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Veronica O'Connell</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>11 Fairway</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Bloomfield, NJ 07003</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			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>	License Number <u>0378</u>	
Scheduled Start Date (10) <u>1/24/2012</u>	Sched. Completion Date (11) <u>1/24/2012</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: _____ <input type="checkbox"/> Other-Describe: _____			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	R	E	E
	Yes	No	N/A						
basement boiler room			X	pipe insulation	16 lf	X			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>		
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>1/25/2012</u>	City, State <u>Tullytown, PA</u>		
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>	Signature <i>Gordana Luna</i>		Date <u>1/23/2012</u>

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



Check # 1277

Date of Notification (1)

Name of Building Owner/Operator (2)

01/16/2012

Anne Long

Agency Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>A</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	389 Green Road City, State, Zip Code Sparta, NJ 07871	
		Name of Contact	Telephone Number
		Anne Long	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<input type="checkbox"/> School (K-1 2) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address	Square Feet # of Floors Bldg. Age
389 Green Road	
City (5)	
Sparta, NJ 07871	
County (6)	
Sussex	

County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)	ASCM No.	Name of Abatement Contractor (9)
		Gr Tech LLC
Street Address		Street Address
		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
		Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No. License No.
		973-638-1777 01127

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
01/14/2012	01/15/2012	Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)	Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	20-21 Wagaraw Road, Bldg .# 34A
	City, State, Zip Code
	Fair Lawn, NJ 07410

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			X	Pipe insulation	40 LF	X		
Basement			X	Boiler insulation	30 SF	X		
Basement			X	Ceiling plaster	110 SF	X		

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA*

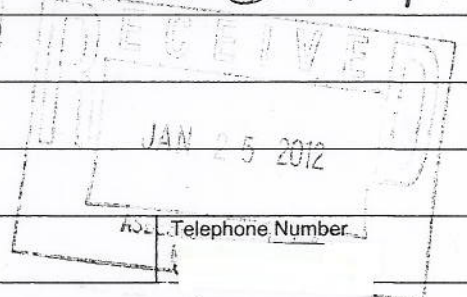
Completed by	Title	Signature	Date
N. Jevtic	Owner	<i>N. Jevtic</i>	01/16/2012

ASB-41

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

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

CK#3479



Date of Notification (1) 1-18-2012		Name of Building Owner/Operator (2) Reduce Construction Corp.	
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 PO Box 1256	
		City, State, Zip Code Englewood Cliffs, NJ 07632	
		Name of Contact Ronald	
Telephone Number _____			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Abandoned house for Demo		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 120 Walton Street		Square Feet 3000	# of Floors 2
City (5) Ridgewood		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned House	
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) 1-27-2012	Scheduled Completion Date (11) 1-29-2012	Name of OSHA Monitor Jadar Contracting, LLC	
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: 9am - 5pm		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

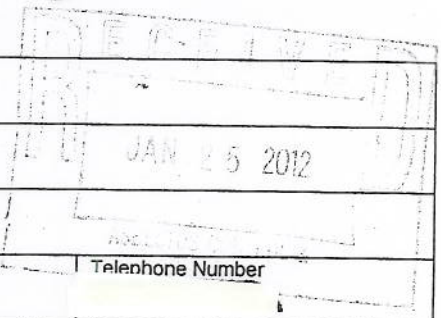
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<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
Basement			X	VAT	300 SF	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 Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067
Completed by Lillie Lazarevich	Title Secretary	Signature <i>Lillie Lazarevich</i>	Date 1-18-2012

2384

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



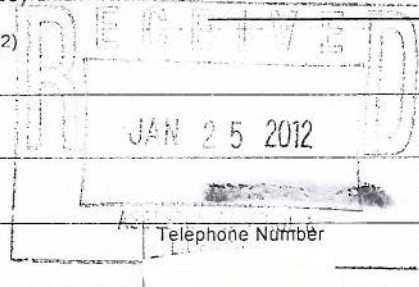
Date of Notification (1) 1/23/12		Name of Building Owner/Operator (2) Woodbridge Housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 20 Bunns Lane		City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Tom Telephone Number _____				
	Name of Facility Where Abatement is Taking Place (3) Stern Towers / Woodbridge Housing Authority		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
	Street Address 55 Brook St 4th Floor Apartment -4E		Square Feet 1000 +	# of Floors 1+		Bldg. Age 35+			
City (5) Woodbridge, NJ 07095		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Incorporated		ASCM No. 0003	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800	Telephone No. 856-753-9800	License No. 00727					
Start Date (10) 2/7/12	Scheduled Completion Date (11) 2/14/12		Name of OSHA Monitor Pernaco Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Apartment Closed Building Occupied		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Apartment 4E		X		Textured Ceiling Paint	300 Sf	X			
Apartment 4E		X		9" Brown Floor Tile	5 SF	X			
Apartment 4E		X		Floor Mastic	273 SF	X			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State West Berlin NJ		Disposal Date 2/14/12		City, State Morrisville PA 19067					
Completed by Anthony T.Perna		Title President		Signature 		Date 1/23/12			

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

MO#19129319548

Date of Notification (1)  
01/23/2012

Name of Building Owner/Operator (2)  
Randal Guevara



Agency Notified	Type Notification	Street Address	Telephone Number
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Westminster Avenue Bergenfield, NJ 07621	
		City, State, Zip Code	
		Name of Contact	
		Randal Guevara	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private home	Type of Facility (4)
Street Address 1 Westminster Avenue	<input type="checkbox"/> School (K-1 2) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
City (5) Bergenfield, NJ 07621	Square Feet # of Floors Bldg. Age

County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Building Owner(8) ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address	Street Address 576 Valley Rd #283
City, State, Zip Code	City, State, Zip Code Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No. License No. 973-638-1777 01127

Start Date (10) 02/01/2012	Scheduled Completion Date (11) 02/02/2012	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one)		Street Address 20-21 Wagaraw Road, Bldg. # 34A
<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 Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First floor			x	VAT Floor Tiles & Mastic	420 SF	x			
Second floor -kitchen			x	Linoleum Flooring	110 SF	x			

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date	City, State Tullytown, PA	

Completed by N. Jevtic ASB-41	Title Owner	Signature <i>N. Jevtic</i>	Date 01/23/2012
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\* Do not use this form for asbestos licensure exempted activities.