

RECEIVED

2013 JAN 25 PM 2:58

DEPARTMENT OF  
& LICENSING

Date of Notification (1) 01/12/13		Name of Building Owner/Operator (2) Blanche Ruff	
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 33 Eppirt Street,		City, State, Zip Code East Orange, NJ, 07018	
Name of Contact Blanche Ruff		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 33 Eppirt Street			Square Feet		
City (5) EAST ORANGE			County (6) Essex		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) 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 01169
Start Date (10) 1/23/13		Sched. Completion Date (11) 1/24/13		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)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		Boiler Insulation	40 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 2 CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/30/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature 	Date 1/22/13



RECEIVED

2013 JAN 25 PM 2:58

Date of Notification (1) 01/12/13		Name of Building Owner/Operator (2) Tom Hook	
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 125 3rd Avenue City, State, Zip Code Hawthorne, NJ, 07506	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Tom Hook Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residence Street Address 125 3rd Avenue City (5) Hawthorne County (6) Passiac County Code (7) (State use only)			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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 1/23/13 Sched. Completion Date (11) 1/29/13		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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					

## Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION & FITTINGS	70 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Clean up of ACM Debris	900 SQFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		Clean up of ACM Debris	50 SQFT	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4CY	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 1/24/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature 	Date 1/21/13



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

RECEIVED

2013 JAN 25 PM 2:50

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/1/19/13		Name of Building Owner/Operator (2) Peter Kamins	
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 1004 Meridian Way		City, State, Zip Code Yardley, PA, 19067	
Name of Contact Peter Kamins		Telephone Number _____	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Private Dwelling			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 117 North Euclid Avenue			Square Feet _____		
City (5) WESTFIELD			County (6) UNION		# 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) n/a		ASCM No. _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code _____		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 1/31/13		Sched. Completion Date (11) 2/2/13		Street Address 20 California Avenue	
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		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 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 & FITTINGS	248 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		HEAT SHIELD	2 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		VAT	28 SQFT	<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 D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 CY		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 2/6/13		City, State TULLYTOWN, PA		Date 1/19/13	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 1/19/13	

CK 29995

RECEIVED

2013 JAN 25 PM 2:58

## RESEARCH AND CONTROL

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

see attached sheets									
see attached sheets									
see attached sheets									
see attached sheets									

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature 	Date 1-24-7
---	--------------------------	---	----------------



Princeton University - Firestone Library Phase 2B Levels 1, 2, 3, 4, 5, & 6 Additional ACM Sections

Location of ACM	Description of ACM	Amount	Abatement
Level 1- Work area #1A	pipe insulation & fittings	150 LF	Removal
Level 1- Work area #1B	ceiling plaster	150 SF	Removal
Level 2- Work area #2A	floor tile & mastic	14000 SF	Removal
Level 2- Work area #2A	pipe insulation & fittings	1600 LF	Removal
Level 3- Work area #3A	ceiling plaster	2574 SF	Removal
Level 3- Work area #3A	floor tile & mastic	15708 SF	Removal
Level 3- Work area #3A	duct insulation	100 SF	Removal
Level 3- Work area #3A	pipe insulation & fittings	1250 LF	Removal
Level 3- Work area #3A	radiator liner	80 SF	Removal
Level 3- Work area #3 B	floor tile & mastic	1056 SF	Removal
Level 3- Work area #3 B	pipe insulation & fittings	100 LF	Removal
Level 3- Work area #3 C	floor tile & mastic	7500 SF	Removal
Level 3- Work area #3 C	pipe insulation & fittings	700 LF	Removal
Level 4- Work area #4A	ceiling plaster	1350 SF	Removal
Level 4- Work area #4A	floor tile & mastic	1826 SF	Removal
Level 4- Work area #4A	duct insulation	200 SF	Removal
Level 4- Work area #4A	pipe insulation & fittings	600 LF	Removal
Level 4- Work area #4A	fittings	100 EA	Removal
Level 4- Work area #4A	pipe saddles	60 EA	Removal
Level 4- Work area #4A	vibration cloth	20 SF	Removal
Level 4- Work area #4A	radiator liner	80 SF	Removal
Level 5- Work area #5A	floor tile & mastic	250 SF	Removal
Level 5- Work area #5A	pipe insulation & fittings	100 LF	Removal
Level 6- Work area #6A	ceiling plaster	470 SF	Removal
Level 6- Work area #6A	radiator liner	120 SF	Removal
Level 2- Work area #DC2	floor tile & mastic	24 SF	Removal
Level 3- Work area #DC3A	floor tile & mastic	24 SF	Removal

RECEIVED  
2013 JAN 25 PM 2:58  
ADDITIONAL CONTROL & LICENSING



OK  
203

Fax:

Dec 11, 2012 05:00pm P001/001

REMEMBER - MAIL IN HARD COPY

State of New Jersey  
NOTIFICATION OF ABATEMENT  
(Pursuant to N.J.A.C. 8:26 and 12:120)

<b>APPROVING</b> NJ Department of Health & Senior Services Date: 12/11/12 Signature: [Signature]		Date of Notification (1) 12/11/12		Name of Building Owner/Operator (2) AB Pro Management		DOL - TO DAY DEC 14 2012 WAIVER		RECEIVED 2013 JAN 25 PM 2:18		
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Correction		Street Address 27 Outwater Lane, Suite B City, State, Zip Code Garfield, NJ 07025 Name of Contact Zvanka Veskov								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Apartments				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Pre-school (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 265-284 Prospect Street City (5) East Orange County (6) Essex County Code (7) (STATE USE ONLY)				Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) WOTerra Solutions Street Address PO BOX 1224 City, State, Zip Code Union, NJ				ASCEM No. Name of Abatement Contractor (9) Global Safety Contracting Corp. Street Address 4 Beaver Brook Road, Suite 110 City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm Rick Eusebio				Telephone No. (973) 484-3782		Telephone No. 973-685-8825		License No. 01038		
Start Date (10) 12/12/12		Scheduled Completion Date (11) 12/18/12		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code						
<b>Scope of Work (Check All That Apply)</b>										
<input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 250 sf or 250 ft			<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 (C) 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? (17) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or CF)		Abatement Type Removal Repair Encasement Enclosure	
Basement			X		TSI		1,790 ft		X	
Name of Registered Waste Hauler Global Safety Contracting Corp.			NJ DEP Waste Hauler ID No. 32804		Cubic Yards of Waste		Name of Registered Landfill T.R.R.F.			
City, State Lincoln Park, NJ			Disposal Date		City, State Tullytown, PA					
Completed by Jean Palli			Title Clerical		Signature [Signature]		Date 12/11/12			

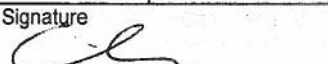
ASB-41 (P.05.08)

Do not use this form for asbestos licensure exempted activities.



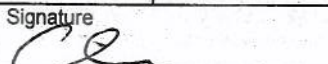
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
2013 JAN 25 PM 2:58  
& LICENSE

Date of Notification (1) 1/21/13		Name of Building Owner/Operator (2) Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 8 east 114th st.		City, State, Zip Code Long Beach TWP 08008							
Name of Contact Chris		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 8 east 114th st.		Square Feet 1000+							
City (5) Long Beach TWP 08008		# of Floors 2							
County (6) Ocean		Bldg. Age 35+							
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.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 2/4/13		License No. 00727							
Scheduled Completion Date (11) 2/8/13		Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 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		Disposal Date 2/8/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/21/13		



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

Date of Notification (1) 1/21/13		Name of Building Owner/Operator (2) Nick Garofolo / Residence							
Agencies Notified	Type Notification	Street Address 1 East 99th st							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven Park NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Nick	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)* Nick Garofolo / 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 1 East 99th st		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven Park NJ 08008		Bldg. Age 35+							
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) 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) 2/4/13	Scheduled Completion Date (11) 2/8/13	Name of OSHA Monitor Same							
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 Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input 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	1800 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		Disposal Date 2/8/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 1/21/13			



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

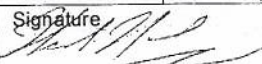
647

Date of Notification (1) <b>January 21, 2013</b>		Name of Building Owner/Operator (2) <b>B.F. Saul Co.</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>7501 Wisconsin Ave</b>	
		City, State, Zip Code <b>Bethesda, MD 20814</b>	
		Name of Contact <b>PM</b>	
		Telephone Number _____	

RECEIVED  
2013 JAN 25 PM 2:58  
NJ DEPT OF ENVIRONMENTAL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Furniture One space</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>1636 Route 38</b>		Square Feet	# of Floors
City (5) <b>Lumberton, NJ</b>		Bldg. Age	
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>retail</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>	Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>
Start Date (10) <b>2/1/13</b>	Scheduled Completion Date (11) <b>3/1/13</b>	Name of OSHA Monitor <b>The MACK Group, LLC.</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>1500 Kings HWY N, STE 209</b>	
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
throughout		<input checked="" type="checkbox"/>		various floor coverings & asbestos mastic	10,075 s/f	<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Freehold / Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>100.7</b>	Name of Registered Landfill <b>Cumberland Co./ BFI / GROWS / TRRF</b>	
City, State <b>Freehold / Newark / Riverdale, NJ</b>		Disposal Date <b>3/1/13</b>		City, State <b>Newburg / Imperial / Morrisville, PA</b>	
Completed by <b>Mike Cooper</b>	Title <b>President</b>	Signature 		Date <b>1/21/13</b>	



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

Date of Notification (1) <u>1-21-2013</u>		Name of Building Owner/Operator (2) <u>Hospitaller Sisters Mercy</u>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>915 South Main St</u>							
		City, State, Zip Code <u>Pleasantville NJ 08232</u>							
		Name of Contact <u>DAVE MAXWELL</u>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>House/Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>915 S. MAIN ST.</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
City (5) <u>Pleasantville NJ 08232</u>		Building Age <u>70</u>							
County (6) <u>Atlantic</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>Residence</u>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>ANI JOE LLC</u>						
Street Address			Street Address <u>1212 Burlington Ave</u>						
City, State, Zip Code			City, State, Zip Code <u>Delanco NJ 08015</u>						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>856 840911</u>						
			License No. <u>01070</u>						
Start Date (10) <u>JAN 31 2013</u>	Scheduled Completion Date (11) <u>FEB 19 2013</u>		Name of OSHA Monitor <u>SELF</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>OUTSIDE OF HOUSE</u>			<input checked="" type="checkbox"/>	<u>TERAZITE Siding</u>	<u>3200 SF</u>	<input checked="" type="checkbox"/>			
<u>THRU OUT HOUSE</u>			<input checked="" type="checkbox"/>	<u>Floor tile (ACM)</u>	<u>1200 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>J Robinson Waste</u>		NJDEP Waste Hauler ID No. <u>28368</u>	Cubic Yards of Waste	Name of Registered Landfill <u>WM of PA</u>					
City, State <u>Bellmore NJ</u>	Disposal Date <u>TBD</u>		City, State <u>Tullytown PA</u>						
Completed by <u>Joe Hill</u>	Title <u>VP</u>	Signature <u>Joe Hill</u>				Date <u>1-21-2013</u>			

A88-41

Do not use this form for asbestos license exempted activities.

Please USE 1426 Stuyvesant Ave Trenton Payment For this Payment

Thank you

Joe Hill

VP

609-396-0916

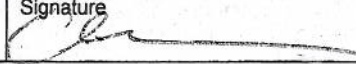


\* Emergency \*

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

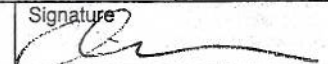
RECEIVED 2959

JAN 25 PM 2:58

Date of Notification (1) 1/21/13		Name of Building Owner/Operator (2) West New York Housing Authority							
Agencies Notified	Type Notification	Street Address 6100 Adams 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 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 West New York NJ 07093							
		Name of Contact Tom	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Unit 2F		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 6100 Adams Street		Square Feet 1000+	# of Floors 1+						
City (5) West New York NJ 07093		Bldg. Age 35+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 1/22/13	Scheduled Completion Date (11) 1/23/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: apartment vacated		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 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
apartment			x	floor tile	300 SF	x			
pipe apartment				elbows	3lf	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 1/24/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 1/21/13		



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

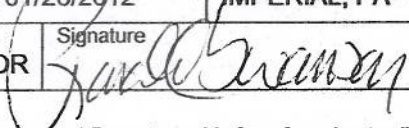
Date of Notification (1) 1/22/13		Name of Building Owner/Operator (2) Luke Invine / residence							
Agencies Notified	Type Notification	Street Address 1375 Millcreek							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Luke	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Luke Invine / 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 1375 Millcreek		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
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) 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.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 2/5/13	Scheduled Completion Date (11) 2/11/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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	1300 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			Disposal Date 2/11/13	City, State Morrisville PA 19067					
Completed by Anthony t Perna		Title President	Signature 			Date 1/22/13			



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

Check # 1450

RECEIVED  
2013 JAN 25 PM 2:58  
2 LICENSING

Date of Notification (1) 01/21/2013		Name of Building Owner/Operator (2) CHRISTINE GREENE							
Agencies Notified	Type Notification	Street Address 305 NORTH STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code OCEAN CITY, NJ 08226							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact CHRISTINE GREENE							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address 305 NORTH STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) OCEAN CITY		Square Feet 2000	# of Floors 2						
County (6) CAPE MAY		Bldg. Age 83							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREENE		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 904 KINGS ARMS DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNTOWN, PA 19335		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363	License No. 01145						
Start Date (10) 01/23/2013	Scheduled Completion Date (11) 01/26/2013	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT 130 NORTH							
<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: EMERGENCY DISASTER AREA PROPERTY		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CRAWL SPACE			X	PIPE INSULATION	20 LF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL					
City, State HAZLETON, PA		Disposal Date 01/26/2012		City, State IMPERIAL, PA					
Completed by RON SWANSON		Title PROJECT COORDINATOR	Signature 	Date 01/21/2013					

original  
DOL



REMEMBER - MAIL IN HARD COPY  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12)

Date of Notification (1) 01/21/2013		Name of Building Owner/Operator (2) CHRISTINE GREENE							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 305 NORTH STREET		City, State, Zip Code OCEAN CITY, NJ 08226							
Name of Contact CHRISTINE GREENE		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 305 NORTH STREET		Square Feet 2000							
City (5) OCEAN CITY		# of Floors 2							
County (6) CAPE MAY		Bldg Age 83							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREENE		ASCM No.							
Street Address 904 KINGS ARMS DRIVE		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
City, State, Zip Code DOWNTOWN, PA 19335		Street Address 570 CLEMS RUN							
Project Manager for Monitoring Firm RICK PELLISSIER		City, State, Zip Code MULLICA HILL, NJ 08062							
Telephone No. 484-432-9363		Telephone No. 610-304-4676							
License No. 01145		Name of OSHA Monitor EMSL							
Start Date (10) 01/23/2013		Scheduled Completion Date (11) 01/26/2013							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: EMERGENCY DISASTER AREA PROPERTY		Street Address 200 RT 130 NORTH							
City, State, Zip Code CINNAMINSON, NJ 08077									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 2$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted <input type="checkbox"/> and Non-Frangible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
CRAWL SPACE			X	PIPE INSULATION	20 LF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 1		Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL			
City, State HAZLETON, PA		Disposal Date 01/28/2012		City, State IMPERIAL, PA		Date 01/21/2013			
Completed by RON SWANSON		Title PROJECT COORDINATOR		Signature [Signature]					



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

RECEIVED  
2013 JAN 25 PM 2:58  
AIR QUALITY CONTROL  
& LICENSING

Date of Notification (1) 1/16/13		Name of Building Owner/Operator (2) Shekhar Srivastava							
Agencies Notified	Type Notification	Street Address 157 Myrtle Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Millburn, NJ 07041							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Shekhar Srivastava							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 157 Myrtle Avenue		Square Feet N/A	# of Floors N/A						
City (5) Millburn		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address _____		Street Address 11 Rosengren Avenue							
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. #00675						
Start Date (10) 2/09/13	Scheduled Completion Date (11) 2/11/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space		X		pipe insulation	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project manager		Signature <i>Deanna Brkusanin</i>		Date 1/16/13			



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

RECEIVED

Date of Notification (1) 1/16/13		Name of Building Owner/Operator (2) Dennis Morieko		2013 JAN 25 PM 2:58					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 54 Seventh Street					
		City, State, Zip Code North Arlington, NJ 07031		Telephone Number					
		Name of Contact Dennis Morienko							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 54 Seventh Street			Square Feet N/A						
City (5) North Arlington			# of Floors N/A		Bldg. Age N/A				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685					
Start Date (10) 1/30/13		Scheduled Completion Date (11) 2/01/13		License No. #00675					
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 checked="" type="checkbox"/> Other - Describe: Occupied			Name of OSHA Monitor D&S Abatement, Inc.						
			Street Address 11 Rosengren Avenue						
			City, State, Zip Code Totowa, NJ 07512						
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 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	Encapsulation	Enclosure
basement		X		pipe insulation	30 LF	X			
basement		X		contaminated pipes	15 LF			X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ				Disposal Date TBD		City, State Tullytown, PA			
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 1/16/13			



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

*OK MO 2013 87195211*

**2013 JAN 25 PM 2:58**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 1/16/13		Name of Building Owner/Operator (2) Margaret Peterson							
Agencies Notified	Type Notification	Street Address 33 South Pierson Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Margaret Peterson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 33 South Pierson Road		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 1/30/13	Scheduled Completion Date (11) 2/01/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	50 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>			Date 1/16/13		



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

MO 19742651728

2013 JAN 25 PM 2:58  
RECEIVED  
& LICENSE

Date of Notification (1) 1/16/13		Name of Building Owner/Operator (2) Melanie Gerome Fitzsimmons							
Agencies Notified	Type Notification	Street Address 2202 Harmon Cove Towers							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Secaucus, NJ 07094							
		Name of Contact Melanie Gerome Fitzsimmons	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 7 Fuller Place		Square Feet N/A	# of Floors N/A						
City (5) Kearny		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 1/28/13	Scheduled Completion Date (11) 1/30/13	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		floor tile	200 SF	X			
assoc. w/ the water meter closet		X		pipe insulation	5 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA						
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>[Signature]</i>				Date 1/16/13		

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



CHECK#  
2604

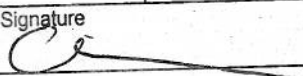
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
2013 JAN 25 PM 2:58

Date of Notification (1) <u>1/22/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u> Name of Contact <u>FRANK EDUARDI</u> Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>126 48TH ST.</u>		Square Feet _____ # of Floors _____ Bldg Age _____					
City (5) <u>SEA ISLE CITY</u>		County Code (7) (STATE USE ONLY) <u>CAPE MAY</u>					
County (6) <u>CAPE MAY</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE.</u>					
Project Manager for Monitoring Firm _____ Telephone No. _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Start Date (10) <u>3/1/13</u>		Scheduled Completion Date (11) <u>3/8/13</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: _____		Telephone No. <u>856-779-0472</u> License No. <u>00444</u>					
Name of OSHA Monitor <u>JOSEPH KLEMM</u>		Street Address <u>369 S. SPRUCE AVE.</u>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2000+</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>		Date <u>1/22/13</u>		



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

Date of Notification (1) <b>1/22/13</b>		Name of Building Owner/Operator (2) <b>Camden City Public Schools District Administration Building</b>							
Agencies Notified		Street Address <b>201 N. Front Street</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>Camden NJ 08102</b>					
		Name of Contact <b>Wendy s. Kunz</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Camden City Public Schools District Administration Building</b>				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 <b>201 N. Front Street</b>				Square Feet <b>1000 +</b>	# of Floors <b>1+</b>				
City (5) <b>Camden NJ 08102</b>				Bldg. Age <b>35+</b>					
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Smithco</b>		ASCM No.		Name of Abatement Contractor (9) <b>Pernaco Inc.</b>					
Street Address <b>808 market street suite 336</b>				Street Address <b>PO Box 329</b>					
City, State, Zip Code <b>Camden NJ 08102</b>				City, State, Zip Code <b>West Berlin NJ 08091</b>					
Project Manager for Monitoring Firm <b>Sean</b>		Telephone No. <b>856-365-9105</b>		Telephone No. <b>856-753-9800</b>	License No. <b>00727</b>				
Start Date (10) <b>1/23/13</b>		Scheduled Completion Date (11) <b>2/1/13</b>		Name of OSHA Monitor <b>Same</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>1st floor Vacated</b>				Street Address					
				City, State, Zip Code					
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"/> <b>Clean up</b> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1st floor</b>			<b>x</b>	<b>glue dots /ceiling plaster</b>	<b>10 sf</b>		<b>x</b>		
Name of Registered Waste Hauler <b>United containers</b>		NJDEP Waste Hauler ID No. <b>22459</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>				
City, State <b>Elm NJ</b>		Disposal Date <b>2/1/13</b>		City, State <b>Morrisville PA 19067</b>					
Completed by <b>Anthony T Perna</b>		Title <b>President</b>		Signature 			Date <b>1/22/13</b>		



2606

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

Date of Notification (1) 1/23/13
 Name of Building Owner/Operator (2) FAIRTECH CONTRACTING

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

Street Address 155 RT. 50
 City, State, Zip Code GREENFIELD, N.J. 08230
 Telephone Number

Name of Contact BRUCE BREUNIG

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) RESIDENCE
 Type of Facility (4): ☐ School (K-12), ☐ Subchapter 8 (Other than K-12), ☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address 5 AVALON DRIVE
 Square Feet 1000
 # of Floors 2
 Bldg Age 40+

City (5) TOWN BANK
 County Code (7) (STATE USE ONLY)
 Current Use (Prior to being demolished) VACANT

County (6) CARE MAY
 Name of Abatement Contractor (9) KLEMMCO INC.

Name of Monitoring Firm Hired by Building Owner (8) N/A
 Street Address 369 S. SPRUCE AVE.

Street Address
 City, State, Zip Code MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm
 Telephone No. 856-779-0422
 License No. 00444

Start Date (10) 12/4/13
 Scheduled Completion Date (11) 2/11/13
 Name of OSHA Monitor JOSEPH KLEMM

Street Address 369 S. SPRUCE AVE.
 City, State, Zip Code MAPLE SHADE, N.J. 08052

Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe:

Scope of Work (Check all that apply): ☐ 23 ft or 23 ft, ☐ 2160 ft or 2260 ft, ☒ Renovation, ☒ Demolition

☐ Full Containment with Negative Pressure, ☐ Min. Enclosure, ☐ Glovebag Procedure, ☐ Non-Exempted ("I") and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Adaptation
<u>SIDING</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<u>TRANSITE</u>	<u>1800#</u>	<u>X</u>

Name of Registered Waste Hauler KLEMMCO INC.
 NJDEP Waste Hauler ID No. 17904
 Cubic Yards of Waste 5
 Name of Registered Landfill C.M.C.M.U.A.

City, State MAPLE SHADE, N.J. 08052
 Disposal Date
 City, State WOODBINE, N.J.

Completed By JOSEPH KLEMM
 Title OWNER
 Signature Joseph Klemm
 Date 1/23

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



CHECK#  
2605

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

RECEIVED

Date of Notification (1) <u>1/22/13</u>		Name of Building Owner/Operator (2) <u>CANTEX CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD, N.J. 08123-0101</u>	
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>908-230-1101</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1628 WEST AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OLEON CITY</u>		Bldg Age <u>40+</u>	
County (6) <u>CADDOG</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>1/24/13</u>		License No. <u>00444</u>	
Sched. Completion Date (11) <u>2/11/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIPING</u>		Amount (Specify SF or LF) <u>1600 LF</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	
Completed By <u>JOSEPH KLEMM</u>		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
Title <u>OWNER</u>		City, State <u>WOODBINE, N.J.</u>	
Signature <u>Joseph Klemm</u>		Date <u>1/22/13</u>	

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



RECEIVED

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

CK 4233

Date of Notification: 2013 JAN 18, 2:58 PM		Name of Building Owner/Operator (2) MR. JOHN TIMONEY		APPROVED NJ Dept. of Health & Senior Services [Signature] (signature) Date: 1/18/13 Time: 10:09 AM	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 SHERMAN AVE City, State, Zip Code SUMMIT, NJ 07901 Name of Contact MR. TIMONEY	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. TIMONEY				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 20 SHERMAN AVE				Square Feet 2900	
City (5) SUMMIT				Bldg. Age 65 years	
County (6) Union				County Code (7) (STATE USE ONLY) RESIDEN 05	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address				Street Address 450 S. River St	
City, State, Zip Code				City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	
Start Date (10) 1/22/13		Scheduled Completion Date (11) 1/23/13		License No. 00388	
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: 7AM TO 5PM				Name of OSHA Monitor Omega Environmental Inc	
				Street Address 280 Huyler St	
				City, State, Zip Code South Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2 3' or 2 3' F <input type="checkbox"/> 2 160' or 2 260' F <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY		Is Location Normally Used Solely by Maintenance/Construction Staff? (12) Yes No NA		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1 FLOOR				THERMAL INSULATION	
2 FLOOR				THERMAL INSULATION	
Name of Registered Waste Handler Best Removal Inc		NJDEP Waste Handler ID No. 17109		Cubic Yards of Waste 1/20	
City, State Hackensack, N.J. 07601				Name of Registered Landfill Minerva Enterprises	
				City, State Waynesburg, Oh	
Completed by J. Maiorano		Title Estimator		Signature [Signature] Date 1/18/13	



No  
check

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

RECEIVED

2013 JAN 25 PM 2:58

Date of Notification (1) <b>1/10/2013</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</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>One Hess Plaza</b>		
	City, State & Zip Code <b>Woodbridge, NJ 07095</b>		
	Name of Contact <b>John Philbin</b>		Telephone Number
	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-1/22/13 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</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>River Road</b>			Square Feet		
City (5) <b>Pennsauken</b>			County (6) <b>Camden</b>		County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>			ASCM No.		
Street Address <b>28 N. Pennell Road</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
City, State & Zip Code <b>Media, PA 19063</b>			Street Address <b>1123 Beaver Street</b>		
Project Manager for Monitoring Firm <b>Dave Turotsy</b>			Telephone Number <b>800-969-6AET</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>1/21/2013</b>			Scheduled Completion Date (11) <b>1/21/2013</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 Hours - Describe: Exterior Removal <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7 AM - 3:30 PM			Current Use (Prior if being demolished) <b>Exterior</b>		
			Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
T-21 Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPE INSULATION	58 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Bristol, PA</b>	Disposal Date <b>1/23/2013</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>1/10/13</b>



No  
check

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

RECEIVED

2013 JAN 25 PM 2:58

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 01/11/2013		Name of Building Owner/Operator Roger Gupta							
Agencies Notified	Type Notification	Street Address 19 Glenwood Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hiawatha, NJ 07034							
		Name of Contact Roger Gupta							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 Glenwood Avenue									
City (5) Lake Hiawatha, NJ 07034		Square Feet	# of Floors						
		Bldg. Age							
County (6) Essex	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) All Pro Management LLC						
Street Address		Street Address 27 Outwater Lane, Ste., B							
City, State, Zip Code		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-928-4888	License No. 01188						
Start Date (10) 01/25/2013	Scheduled Completion Date (11) 01/27/2013	Name of OSHA Monitor All Pro Management LLC							
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 27 Outwater Lane, Ste., B							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Siding	1200sf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste As Needed	Name of Registered Landfill Grows Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Zvonko Veskov		Title General Manager		Signature 				Date 01/11/2013	



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

**RECEIVED**  
**2013 JAN 25 PM 2:58**  
**DEPT. OF ENVIRONMENTAL PROTECTION & LICENSING**

Date of Notification (1) <b>01/22/2013</b>		Name of Building Owner/Operator (2) <b>Roger Gupta</b>							
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 checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address <b>19 Glenwood Avenue</b> City, State, Zip Code <b>Hiawatha, NJ 07034</b> Name of Contact <b>Roger Gupta</b>						
			Telephone Number						
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) <b>Private Residence</b> Street Address <b>19 Glenwood Avenue</b> City (5) <b>Lake Hiawatha, NJ 07034</b> County (6) <b>Essex</b> County Code (7) (STATE USE ONLY) _____			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.) Square Feet      # of Floors      Bldg. Age _____ Current Use (Prior if being demolished) _____					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>All Pro Management LLC</b> Street Address <b>27 Outwater Lane, Ste., B</b> City, State, Zip Code <b>Garfield, NJ 07026</b> Telephone No. <b>973-928-4888</b> License No. <b>01188</b>						
Start Date (10) <b>01/25/2013</b>		Scheduled Completion Date (11) <b>01/27/2013</b>							
Name of OSHA Monitor <b>All Pro Management LLC</b> Street Address <b>27 Outwater Lane, Ste., B</b> City, State, Zip Code <b>Garfield, NJ 07026</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: _____									
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> 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 type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>1200sf</b>	Abatement Type			
						Removal      Repair      Encapsulate      Enclosure			
Exterior			X	Asbestos Siding		X			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Zvonko Veskov</b>		Title <b>General Manager</b>		Signature _____		Date <b>01/22/2013</b>			



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

RECEIVED  
2013 JAN 25 PM 2:58  
& LICENSING

Date of Notification (1) <b>1-17-2013</b>		Name of Building Owner/Operator (2) <b>PSEG Salem/Hope Creek</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 <b>alloway creek Neck Rd</b> City, State, Zip Code <b>Hancocks Bridge NJ 08038</b> Name of Contact <b>Mark Farmer</b> Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PSEG Salem/Hope Creek Nuclear</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>alloway creek Neck Rd</b>		Square Feet	# of Floors
City (5) <b>Hancocks Bridge NJ</b>		Bldg. Age	
County (6) <b>Salem</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Nuclear Power Plant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>A.ET INC</b>	ASCM No.	Name of Abatement Contractor (9) <b>DZNPS</b>	
Street Address <b>28 N PENNEL RD</b>		Street Address	
City, State, Zip Code <b>Lima PA 19028</b>		City, State, Zip Code	
Project Manager for Monitoring Firm <b>DAVE TURLEY</b>	Telephone No. <b>6108910114</b>	Telephone No.	License No.
Start Date (10) <b>Annual 2013</b>	Scheduled Completion Date (11) <b>Dec 12/13</b>	Name of OSHA Monitor <b>A.ET</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>Active Nuclear plant</b>		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	
Name of Registered Waste Hauler <b>PSEG to dispose of PII waste</b>	NIDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
City/State		Disposal Date	City/State
Completed By <b>Mark Farmer</b>	Title <b>Supv</b>	Signature <i>[Signature]</i>	Date <b>1-17-13</b>



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

Via O.S. Mail + FAX  
ch# 1045

2013 JAN 10 PM 12:00

Date of Notification (1) <b>1/22/13</b>		Name of Building Owner/Operator (2) <b>GRAND LLC c/o Mr DANNY KAHANE</b>						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>811 AMBOY AVE</b> City, State, Zip Code <b>EDISON, N.J. 08817</b> Name of Contact <b>Mr KAHANE</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>79 WEST JERSEY ST BLD #1 &amp; #2</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>ELIZABETH N.J.</b>		Square Feet <b>20000</b>	# of Floors <b>2</b>					
City (5) <b>EDISON</b>		Bldg. Age <b>75</b>						
County (6) <b>EDISON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>CLOSED BLDG</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address <b>NOVATECH INC</b>						
City, State, Zip Code		City, State, Zip Code <b>P.O. Box 814</b>						
Project Manager for Monitoring Firm		Telephone No. <b>732 238x7500</b>	License No. <b>00806</b>					
Start Date (10) <b>12/23/12</b>	Scheduled Completion Date (11) <b>04/30/13</b>	Name of OSHA Monitor <b>NOVATECH 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 814</b>						
		City, State, Zip Code <b>OLD BRIDGE N.J. 08857</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 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"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Feasible 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
BLD #1 & 2 FLOOR			X	FLOOR TILE & ROOF FLASHING	50000 SF	X		
BLD #2 & BASEMENT			X	FLOOR TILE AND CEILING	10000 SF	X		
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>OLD BRIDGE N.J. 08857</b>		Disposal Date <b>01/22/13</b>		City, State <b>Yonkersville PA</b>		Date <b>1/22/13</b>		
Completed by <b>CARLOS MEYDA</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>		Date <b>1/22/13</b>		



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

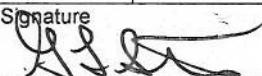
CIA O.S. Mail  
 ch# 1040

Date of Notification (1) <b>12/12/12</b>		Name of Building Owner/Operator (2) <b>GRAND LLC c/o Mr DANNY KAHANE</b>						
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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>811 AMBOY AVE</b> City, State, Zip Code <b>EDISON, N.J. 08817</b>						
		Name of Contact <b>Mr KAHANE</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>79 WEST JERSEY ST BLD #1 &amp; #2</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>ELIZABETH N.J.</b>		Square Feet <b>20000</b>	# of Floors <b>2</b>					
City (5)		Bldg. Age <b>75</b>						
County (6) <b>UNION</b>		Current Use (Prior if being demolished) <b>CLOSED BLDG</b>						
County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>NOVATECH INC</b>						
Street Address		Street Address <b>P.O. Box 814</b>						
City, State, Zip Code		City, State, Zip Code <b>010 BRIDGE N.J. 08857</b>						
Project Manager for Monitoring Firm		Telephone No. <b>732 238-7500</b>						
Telephone No.		License No. <b>00806</b>						
Start Date (10) <b>12/23/12</b>		Scheduled Completion Date (11) <b>1/2/13</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:		Name of OSHA Monitor <b>NOVATECH INC</b>						
		Street Address <b>P.O. Box 814</b>						
		City, State, Zip Code <b>010 BRIDGE N.J. 08857</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 150$ sf or $\geq 280$ 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"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fibrous 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
<b>BLD #1 &amp; 2 Floor</b>			<input checked="" type="checkbox"/>	<b>FLOOR TILE &amp; ROOF FLASHING</b>	<b>5,000 SF</b>	<input checked="" type="checkbox"/>		
<b>BLD #2 &amp; BASEMENT</b>			<input checked="" type="checkbox"/>	<b>FLOOR TILE AND CEILING</b>	<b>10,000 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJ DEP Waste Hauler ID No. <b>18501</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S PA</b>			
City, State <b>010 BRIDGE N.J. 08857</b>		Disposal Date <b>01/23/13</b>		City, State <b>Yonkers NY</b>	Date <b>12/12/12</b>			
Completed by <b>CARLOS AMEIDA</b>		Title <b>PRESIDENT</b>		Signature <i>[Signature]</i>				

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



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

Date of Notification (1) <b>01 / 18 / 13</b>		Name of Building Owner/Operator (2) <b>Kearny Aldo, LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <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>40 Marshall Street</b>							
		City, State, Zip Code <b>Kearny, NJ 07032</b>							
		Name of Contact <b>Robert Bankston</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former American Extrusion</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>40 Marshall Street</b>									
City (5) <b>Kearney</b>	Square Feet <b>72,000</b>	# of Floors <b>1</b>	Bldg. Age <b>80</b>						
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Extrusion</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>DVD Environmental</b>	ASCM No. <b>28585</b>	Name of Abatement Contractor (9) <b>Classic Environmental Inc.</b>							
Street Address <b>PO Box 2152</b>		Street Address <b>112 Wade Rd</b>							
City, State, Zip Code <b>Cliffside Park, NJ 07010</b>		City, State, Zip Code <b>Latham, NY 12110</b>							
Project Manager for Monitoring Firm <b>Tim Donohoe</b>	Telephone No. <b>212-260-9818</b>	Telephone No. <b>518-591-0234</b>	License No. <b>01062</b>						
Start Date (10) <b>01 / 28 / 13</b>	Scheduled Completion Date (11) <b>02 / 28 / 13</b>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address							
		City, State, Zip Code							
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
Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	70,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>Classic Environmental Inc.</b>		NJDEP Waste Hauler ID No. <b>11467</b>		Cubic Yards of Waste <b>600</b>	Name of Registered Landfill <b>Hakes C&amp;D Landfill</b>				
City, State <b>Latham, NY</b>		Disposal Date <b>2/1/13</b>		City, State <b>Painted Post, NY</b>					
Completed By (Print or Type) <b>Gregory Streeter</b>		Title <b>Director of Operations</b>		Signature 		Date <b>1/18/13</b>			