

CR  
22192

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

RECEIVED

2013 JAN 28 PM 2:58

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <u>1</u> / <u>25</u> / <u>13</u>		Name of Building Owner/Operator (2) <b>JC Penney Corporation Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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>6501 Legacy Drive</b> City, State, Zip Code <b>PLano, TX 75024</b> Name of Contact <b>Soy Thomas</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Garden State Plaza</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>502 Garden State Plaza</b>		Square Feet <b>150000</b>							
City (5) <b>Paramus NJ</b>		# of Floors <b>2</b>	Bldg. Age <b>75</b>						
County (6) <b>Bergen</b>		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting LLC</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island</b>							
Project Manager for Monitoring Firm <b>Tom Rubino</b>		Telephone No. <b>908-956-1233</b>	Telephone No. <b>718-605-6256</b> License No. <b>00774</b>						
Start Date (10) <u>2</u> / <u>6</u> / <u>13</u>	Scheduled Completion Date (11) <u>3</u> / <u>6</u> / <u>13</u>	Name of OSHA Monitor <b>Testor Tech</b>							
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 - Describe Time of Abatement: _____AM-_____PM/ <b>10:00PM-6:00AM</b>		Street Address <b>10 59 Jackson Avenue</b> City, State, Zip Code <b>LIC, NY 11101</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>50</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>2nd Level Joe Fresh Dept.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Express Waste Services LLC</b>		NJDEP Waste Hauler ID No. <b>NJ-804</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Global Waste Industries, Inc.</b>					
City, State <b>Newark NJ</b>		Disposal Date <b>3/6/13</b>		City, State <b>Hackettstown, NJ</b>					
Completed By (Print or Type) <b>John Tardy</b>		Title <b>Senior Project Manager</b>		Signature <i>John Tardy</i>		Date <b>1/25/13</b>			

OK 22191

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

RECEIVED

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 1 / 25 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 6501 Legacy Drive City, State, Zip Code PLano, TX 75024 Name of Contact Soy Thomas Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Center		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 428 Woodbridge Center									
City (5) Woodbridge NJ	Square Feet 150000	# of Floors 2	Bldg. Age 75						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino	Telephone No. 908-956-1233	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 2 / 7 / 13	Scheduled Completion Date (11) 3 / 7 / 13	Name of OSHA Monitor Testor Tech							
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 - Describe Time of Abatement: _____AM- _____PM/10:00PM-6:00AMAM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC, NY 11101							
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 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
2nd Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	4670	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC	NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 40	Name of Registered Landfill Global Waste Industries, Inc.						
City, State Newark NJ		Disposal Date 3/7/13	City, State Hackettstown, NJ						
Completed By (Print or Type) John Tardy	Title Senior Project Manager	Signature <i>John Tardy</i>	Date 1/25/13						



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Date of Notification (1) 1 / 25 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 6501 Legacy Drive City, State, Zip Code PLano, TX 75024 Name of Contact Soy Thomas Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Monmouth Mall		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 State Highway 35 & 36		Square Feet 150000							
City (5) Eatontown		# of Floors 2	Bldg. Age 75						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	Telephone No. 718-605-6256						
Start Date (10) 2 / 4 / 13		Scheduled Completion Date (11) 3 / 4 / 13	License No. 00774						
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 - Describe Time of Abatement: _____AM-_____PM/10:00PM-6:00AMAM		Name of OSHA Monitor Testor Tech							
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 type="checkbox"/> Demolition		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC, NY 11101							
<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
1 <sup>ST</sup> Level Joe Fresh Depy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	1500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>ND</sup> Level Homes Street Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	9000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 80	Name of Registered Landfill Global Waste Industries, Inc.					
City, State Newark NJ		Disposal Date 3/4/13	City, State Hackettstown, NJ						
Completed By (Print or Type) John Tardy		Title Senior Project Manager	Signature <i>John Tardy</i>				Date 1/25/13		



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(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>1 / 25 / 13</b>		Name of Building Owner/Operator (2) <b>JC Penney Corporation Inc.</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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>6501 Legacy Drive</b> City, State, Zip Code <b>PLano, TX 75024</b> Name of Contact <b>Soy Thomas</b> Telephone Number _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Wayne Town Center</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>260 Wayne Town Center</b>		City (5) <b>Wayne</b>						
City (5) <b>Wayne</b>		Square Feet <b>150000</b>	# of Floors <b>2</b> Bldg. Age <b>75</b>					
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting LLC</b>	ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>						
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island</b>						
Project Manager for Monitoring Firm <b>Tom Rubino</b>	Telephone No. <b>908-956-1233</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>					
Start Date (10) <b>2 / 11 / 13</b>	Scheduled Completion Date (11) <b>3 / 11 / 13</b>	Name of OSHA Monitor <b>Testor Tech</b>						
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 - Describe Time of Abatement: _____AM-_____PM/ <b>10:00PM-6:00AM</b>		Street Address <b>10 59 Jackson Avenue</b> City, State, Zip Code <b>LIC, NY 11101</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 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>3515</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>2<sup>nd</sup> Level Home Street Dept.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT/MASTIC</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Express Waste Services LLC</b>		NJDEP Waste Hauler ID No. <b>NJ-804</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Global Waste Industries, Inc.</b>				
City, State <b>Newark NJ</b>		Disposal Date <b>3/11/13</b>		City, State <b>Hackettstown, NJ</b>				
Completed By (Print or Type) <b>John Tardy</b>	Title <b>Senior Project Manager</b>	Signature <i>John Tardy</i>			Date <b>1/25/13</b>			



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

RECEIVED

2013 JAN 28 PM 2:56

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1 / 25 / 13		Name of Building Owner/Operator (2) JC Penney Corporation Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 6501 Legacy Drive City, State, Zip Code PLano, TX 75024 Name of Contact Soy Thomas Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rockaway Town Square		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 305 Mount Hope Avenue		Square Feet 150000							
City (5) Rockaway NJ		# of Floors 2							
County (6) Morris		Bldg. Age 75							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting LLC		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island							
Project Manager for Monitoring Firm Tom Rubino		Telephone No. 908-956-1233	Telephone No. 718-605-6256						
License No. 00774		Name of OSHA Monitor Testor Tech							
Start Date (10) 2 / 11 / 13		Scheduled Completion Date (11) 3 / 11 / 13							
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 - Describe Time of Abatement: _____AM-_____PM/10:00PM-6:00AMAM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC, NY 11101							
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 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
1 <sup>ST</sup> Level Home Street Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	21500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804		Cubic Yards of Waste 120	Name of Registered Landfill Global Waste Industries, Inc.				
City, State Newark NJ		Disposal Date 3/11/13		City, State Hackettstown, NJ					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature <i>John Tardy</i>		Date 1/25/13			



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 1231

Date of Notification (1) 01 / 25 / 13		Name of Building Owner / Operator (2) MERCK		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		
Street Address 1011 MORRIS AVENUE		City, State, Zip Code UNION, NJ 07083		
Name of Contact MIKE CARRANO		Telephone Number		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) MERCK		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 bldgs., homes, etc.)		
Street Address 1011 MORRIS AVENUE		Square Feet 10,000		
City (5) UNION		County (6) UNION	County Code (7)	
		# Of Floors 2	Building Age 45+	
Current Use (Prior if being demolished) MECHANICAL				
Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO		
Street Address 335 HIGH STREET		Name of Abatement Contractor (9) LVI Environmental Services Inc.		
City, State, Zip Code METUCHEN, NJ 08840		Street Address 462 GETTY AVENUE		
Project Mngr. For Monitoring Firm ERIC HOUSEKNETCH		City, State, Zip Code Clifton, NJ 07011		
Telephone Number 732-321-0666		Telephone Number 973-772-3660		
Sched. Start Date (10) 02 / 05 / 13		Sched. Completion Date (11) 02 / 06 / 13		
License Number 00117				
Occupancy Status During Abatement (Check Only 1) <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: 7:00AM-3:30 PM		Name of OSHA Monitor LVI Environmental Services Inc.		
		Street Address 462 GETTY AVENUE		
		City, State, Zip Code CLIFTON, NJ 07011		
Scope of Work (Check All That Apply)				
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	YES NO N/A			R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
U-6 1ST FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE FITTING	1 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
U-6 MEZZANINE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	25 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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 01/25/13



OK 1814

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

Date of Notification (1) 01-19-2013		Name of Building Owner/Operator (2) Hoboken University Center	
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	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	Street Address 308 Willow Ave	City, State, Zip Code Hoboken, NJ 07030
		Name of Contact Joseph Chimento	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hoboken Medical Center		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 bldgs., homes, etc.)	
Street Address 308 Willow Ave		Sq. Feet _____ # of Floors _____	
City (5) Hoboken	County (6) Hudson	County Code (7) (State Use Only)	Bldg. Age _____ Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) Aero Environmental Inc.		ASCM No.	Name of Contractor (9) Nick Restoration LLC
Street Address 275 Route 10 East		Street Address 72 Brookside Rd	
City, State, Zip Code Succasunna, NJ 07876		City, State, Zip Code Randolph, NJ 07869	
Project Manager for Monitoring Firm Michael Berta	Telephone Number 973-920-9061	Telephone Number 973-933-2550	License Number 01133
Scheduled Start Date (10) 02-4-2013	Scheduled Completion Date (11) 02-24-2013	Name of OSHA Monitor J & S Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		Street Address 2333 Rt 22 W.	
Describe Other - area non occupied Describe facility open		City, State, Zip Code Union, NJ 07083	
Source of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) carpentry and pump room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) surface TSI	Amount (Specify SF or LF) 1200 SF 400 LF
		Abatement Type Rem. Rep. Encap. Enclose	
Name of Reg. Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste TBD
City, State Newark, NJ 07105		Disp. Date TBD	Name of Reg. Landfill G.R.O.W.S. Tullytown, PA
Completed by (Print or Type) Elvira Morda	Title President	Signature Elvira Morda	Date 1-19-2013

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

Telephone 609-984-6620

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2013 JAN 28 PM 2:50  
DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

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

Date of Notification (1) <b>1/18/2013</b>		Name of Building Owner / Operator (2) <b>Servicemaster of Cherry Hill</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2005 Rote 70 East</b> City, State & Zip Code <b>Cherry Hill, NJ</b> Name of Contact <b>Kevin Allen</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</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>54 Midvale Ln</b>		Square Feet <b>1500</b>	# of Floors <b>1</b>						
City (5) <b>Willingboro</b>	County (6) <b>Burlington</b>	Bldg. Age <b>50</b>							
County Code (7)		Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>							
Street Address		Street Address <b>2129 Route 33</b>							
City, State & Zip Code		City, State & Zip Code <b>Hamilton, NJ 08610</b>							
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01091</b>						
Scheduled Start Date (10) <b>1/23/2013</b>	Scheduled Completion Date (11) <b>1/24/2013</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 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) <b>130sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>First Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>1/28/2013</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>			Date <b>1/18/2013</b>			



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

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Date of Notification (1) 1/22/13		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified		Street Address 751 Broad Street, Fifth Floor							
<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							
		City, State, Zip Code Newark, New Jersey 07102							
		Name of Contact Mr. Richard Hummers							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Beauty in Everyone Bldg		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 679-681 Broad Street		Square Feet 16,000	# of Floors 3						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Prior Use Commercial)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations Inc.		ASCM No. 00104	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 655 West Shore Trail		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-729-5649	Telephone No. 718-349-0900						
License No. 00853									
Start Date (10) 2/5/2013	Scheduled Completion Date (11) 4/30/2013	Name of OSHA Monitor Martin McRea							
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: Building is Vacant & Scheduled for Demolition		Street Address 714 Kennedy Blvd							
		City, State, Zip Code Bayonne, NJ 07002							
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 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
Entire Building				See attached ACM table for details	See attached ACM table for details	x			
See attached ACM table for details									
Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 120	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967 / Bronx, NY 10474		Disposal Date 4/30/2013		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP Business Operations		Signature 				Date 1/22/13	

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



679-681 Broad Street

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Hazardous Waste Control  
& Licensing

Location/Room	Type of Asbestos Material	Approximate Quantity
679-681 Broad – Roof	Roof Field & Flashing – Entire Roof Except Penthouse	4,025 Square Feet
679-681 Broad – Roof	Parapet Caulk – between parapet cap sections	70 Linear Feet
679-681 Broad – 3 <sup>rd</sup> Fl. - Floor	9"X9" Green Floor Tile & Mastic	400 Square Feet
679-681 Broad – 3 <sup>rd</sup> Fl. - Floor	Pipe Insulation Debris – Mixed With Masonry Rubble on Approx. two Thirds of the Floor*	3,000 Square Feet
679-681 Broad - 3 <sup>rd</sup> Fl. Exterior Walls	Radiator Enclosure Insulation – Behind Metal Radiator Enclosures Measuring Approx. 24 ft <sup>2</sup> each	10 Enclosures
679-681 Broad - 3 <sup>rd</sup> Fl. Exterior Walls	Radiator Enclosure Paper – Paper Behind Insulation – Approx. 20 ft <sup>2</sup> each	10 Enclosures
679-681 Broad - 3 <sup>rd</sup> Fl. – Pipe Chase – Stair Landing	Pipe Insulation – Vertical Pipe Chase Between 2 <sup>nd</sup> Floor and Roof †	40 Linear Feet
679-681 Broad - 2 <sup>nd</sup> Floor – Exterior Walls	Radiator Enclosure Insulation – Behind Metal Radiator Enclosures Measuring Approx. 24 ft <sup>2</sup> each	10 Enclosures
679-681 Broad – 2 <sup>nd</sup> Fl: Ceiling	Ceiling Coating – plaster like material	3,150 Square Feet
679-681 Broad – 2 <sup>nd</sup> Floor – Inside Exterior Walls	Pipe Insulation – Radiator Risers - Inside Exterior Walls At Each Radiator	370 Linear Feet
679-681 Broad – 2 <sup>nd</sup> Floor – Inside Column Enclosure	Pipe Insulation – Inside column enclosures – Estimated to be Approx. 15 Feet – But May Be More	15 Linear Feet
679-681 Broad – 1 <sup>st</sup> Floor – Inside Exterior Walls	Pipe Insulation – Radiator Risers - Inside Exterior Walls At Each Radiator – Assumed Space Was Occupied During Survey	370 Linear Feet
679-681 Broad – Basement – Entire Floor	Debris Consisting of Asbestos Cement Board (Transite™) & Pipe Insulation Mixed With Masonry Rubble	All Basement Rubble Approx. 4,500 Square Feet



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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:16 and 13:130)

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WAIVER APPROVED

Name of Building Owner/Operator (2) <b>AMERICAN CONTRACTORS SERVICE</b>	
Street Address <b>2547 FINE ROAD - UNIT A-1</b>	
City, State, Zip Code <b>EDGE HARBOR TWP., N.J. 08224</b>	
Name of Contact <b>STON</b>	Telephone Number
Name of Building (1) <b>RESIDENCE</b>	
Street Address <b>328 99TH STREET</b>	
City (5) <b>STONE HARBOR</b>	
County (6) <b>Cape May</b>	County Code (7) / STATE USE CNL 7
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.) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	
Street Address <b>369 S. SPRUCE AVE.</b>	
City, State, Zip Code <b>MAPLE SHADE, N.J. 08052</b>	
Project Manager for Monitoring Firm <b>JOSEPH KLEMM</b>	
Telephone No. <b>856-779-0472</b>	
Start Date (10) <b>1/28/13</b>	
Scheduled Completion Date (11) <b>2/9/13</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:	
Scope of Work (Check all that apply) <input type="checkbox"/> 25 ft or less <input type="checkbox"/> 25 ft or less <input type="checkbox"/> 25 ft or less <input checked="" 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"/> High Efficiency Particulate Air (HEPA) and Non-Fragile Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13) <b>2121RG</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) <b>X</b>
Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LB) <b>2000#</b>
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>	Address of Waste Hauler <b>17904</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>	Name of Registered Landfill <b>C.M.C.M.U.A.</b>
City, State <b>MAPLE SHADE, N.J. 08052</b>	City, State <b>WOODBINE, N.J.</b>
Completed By <b>JOSEPH KLEMM</b>	Signature <b>Joseph Klemm</b>
Title <b>OWNER</b>	Date <b>1/23/13</b>

Do not use this form for asbestos licensure exempted structures



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

Date of Notification (1) <b>January 23, 2013</b>		Name of Building Owner/Operator (2) <b>Lakewood Historical Society</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>245 Martine Way</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Lakewood, NJ 08701</b>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Bob Kirschner</b>	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Historical Building</b>			Type of Facility (4)		
Street Address <b>500 Country Club Lane</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City <b>Lakewood</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>6000 sf</b>	# of Floors <b>2</b>	Bldg. Age <b>100</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>1/24/13</b>		Scheduled Completion Date (11) <b>2/1/13</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address <b>1056 Stelton Road</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
<input type="checkbox"/> Other - Describe _____					
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Boiler room			X	Asbestos pipe insulation	1000 lf	X			
Boiler room			X	Tank insulation	100 sf	X			
Boiler room			X	Boiler insulation	160 sf	X			
1 <sup>st</sup> floor			X	Asbestos floor tile	550 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>2/4/13</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>			Date <b>1/23/2013</b>		

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



Check #  
7923

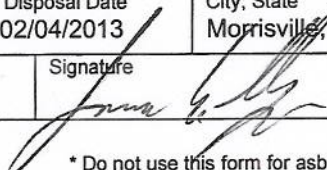
Print Form

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

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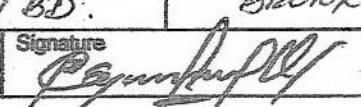
2013 JAN 28 PM 2:38

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
& LICENSING

Date of Notification (1) 01/21/2013		Name of Building Owner/Operator (2) Louise Berkman							
Agencies Notified	Type Notification	Street Address 289 Windsor Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Louise Berkman	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 289 Windsor Road		Square Feet 2,800	# of Floors 2 Bldg. Age 80 +						
City (5) Englewood		Current Use (Prior if being demolished) Residence							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Street Address 494 E. 41st Street							
Street Address		City, State, Zip Code Paterson, NJ 07504							
City, State, Zip Code		Telephone No. 973-345-0022	License No. 00507						
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) February 2, 2013	Scheduled Completion Date (11) February 4, 2013	Name of OSHA Monitor Same as above							
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>Unoccupied Basement</u>		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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		X		Pipe Insulation	50 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 02/04/2013		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 				Date 01/21/2013	



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

Date of Notification (1) <b>01-22-2013</b>		Name of Building Owner/Operator (2) <b>ROGER GUPTA</b>							
Agencies Notified	Type Notification	Street Address <b>19 GLENWOOD AVE</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<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 <b>LAKE HAIWATHA NJ 07034</b>							
		Name of Contact <b>ROGER GUPTA</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE HOUSE.</b>		Type of Facility (4)							
Street Address <b>19 GLENWOOD AVE.</b>		<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) <b>LAKE HAIWATHA NJ.</b>		Square Feet <b>780</b>	# of Floors <b>1</b>						
County (6)		Bldg. Age <b>82</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>YES</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A.</b>		ASCM No.	Name of Abatement Contractor (9) <b>SHARON QUALITY CO LLC</b>						
Street Address		Street Address <b>22-VAN ORDEN PL</b>							
City, State, Zip Code		City, State, Zip Code <b>HACKENSACK NJ. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-708-4270</b>	License No. <b>01135</b>						
Start Date (10) <b>01-31-2013</b>	Scheduled Completion Date (11) <b>01-31-2013</b>	Name of OSHA Monitor <b>ENVIRO PROBE</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>108 LIBERTY ST.</b>							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>METUCHEN NJ. 08840</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>HOUSE OUTDOOR.</b>		<input checked="" type="checkbox"/>		<b>Siding TRANSITE</b>	<b>700 SF</b>	<input checked="" type="checkbox"/>			
<b>KITCHEN</b>				<b>LINOLEUM FLOOR</b>	<b>80 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Sharon Quality Co.</b>		NJDEP Waste Hauler ID No. <b>0033967</b>	Cubic Yards of Waste <b>TBD.</b>	Name of Registered Landfill <b>TRI STATE SERVICES</b>					
City, State <b>HACKENSACK. NJ.</b>		Disposal Date <b>TBD.</b>		City, State <b>BRONX. NY. 10474</b>					
Completed by <b>CARLOS ESQUIVEL</b>		Title <b>SAFETY MANAGER</b>		Signature 		Date <b>01-22-2013</b>			



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<b>Date of Notification (1)</b> <b>January 22, 2013</b>		<b>Name of Building Owner/Operator (2)</b> <b>Infante Associates</b>	
<b>Agencies Notified</b> EPA DCA x DOL x DEP x DOH	<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<b>Street Address</b> <b>9 Robinson Lane</b> <b>City, State, Zip Code</b> <b>Ridgewood NJ</b> <b>Name of Contact</b> <b>Mark Infante</b> <b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Infante Associates</b>		<b>Type of Facility (4)</b> <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.) <b>Sq. Feet:</b> Unknown <b># of Floors:</b> 1 <b>Bldg. Age:</b> 50 years <b>Current Use (prior if being demolished):</b>	
<b>Street Address</b> <b>30 Broadway</b>		<b>City, State, Zip Code</b> <b>Irvington NJ</b>	
<b>City (5)</b> <b>Elmwood Park</b>	<b>County (6)</b> <b>Bergen</b>	<b>County Code (7)</b> <b>(State Use Only)</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Anthony Valentine</b>		<b>ASCM No.</b> <b>00775</b>	
<b>Street Address</b> <b>80 Mill Road</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>City, State, Zip Code</b> <b>Irvington NJ</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>Project Manager for Monitoring Firm</b> <b>Anthony Valentine</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>	
<b>Telephone Number</b> <b>201.207.6082</b>		<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>January 23, 2013</b>		<b>Scheduled Completion Date (11)</b> <b>February 8, 2013</b>	
<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>		<b>Street Address</b> <b>1056 Stelton Road</b>	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Normal Hours</b>		<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>	
<b>Source of Work (Check all that apply)</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div>           Renovation            Demolition         </div> <div>           Full Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Exterior</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>Transite Siding</b> <b>Transite Pipe</b>	<b>Amount (Specify SF or LF)</b> <b>480 sf</b> <b>195 lf</b> <b>Abatement Type</b> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>	<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>100 cu yds</b>	<b>Name of Registered Landfill</b> <b>Meadowfill Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>Disposal Date</b> <b>February 8, 2013</b>	<b>City, State</b> <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Marin Graure</i>	<b>Date</b> <b>February 8, 2013</b>

GAC # 2013-369



## State of New Jersey - Notification of Asbestos Abatement

REMEMBER - MAIL IN HARD COPY

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

2013 JAN 28 10 DAY

<b>Date of Notification (1)</b> January 22, 2013		<b>Name of Building Owner/Operator (2)</b> Infante Associates	
<b>Agencies Notified</b> EPA DCA x DOL x DEP x DOH	<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<b>Street Address</b> 9 Robinson Lane <b>City, State, Zip Code</b> Ridgewood NJ <b>Name of Contact</b> Mark Infante	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Infante Associates		<b>Type of Facility (4)</b> <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.) <b>Sq. Feet:</b> Unknown <b># of Floors:</b> 1 <b>Bldg. Age:</b> 50 years	
<b>Street Address</b> 30 Broadway		<b>Current Use (prior if being demolished):</b>	
<b>City (5)</b> Elmwood Park	<b>County (6)</b> Bergen	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Anthony Valentine		<b>ASCM No.</b> 00775	
<b>Street Address</b> 80 Mill Road		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS, INC.	
<b>City, State, Zip Code</b> Irvington NJ		<b>Street Address</b> 268 MAIN STREET <b>City, State, Zip Code</b> Butler, NJ 07405	
<b>Project Manager for Monitoring Firm</b> Anthony Valentine	<b>Telephone Number</b> 201.207.6082	<b>Telephone Number</b> 973-492-0477	<b>License Number</b> D0840
<b>Scheduled Start Date (10)</b> January 23, 2013	<b>Scheduled Completion Date (11)</b> February 8, 2013		<b>Name of OSHA Monitor</b> EMSL Inc.
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe Normal Hours		<b>Street Address</b> 1056 Steffen Road <b>City, State, Zip Code</b> Piscataway, NJ 08854	
<b>Source of Work (Check all that apply)</b>			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 180$ sf or $\geq 260$		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<b>Location of Asbestos Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>
Exterior		Transite Siding Transite Pipe	480 sf 195 lf
<b>Name of Reg. Waste Hauler</b> See Hauler Below # 1 & 2	<b>NJOEP Waste Hauler ID #</b> See Below	<b>Cubic Yards of Waste</b> 100 cu yds	<b>Name of Registered Landfill</b> Meadowfill Landfill
<b>Hauler #1)</b> Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12581		<b>Disposal Date</b> February 8, 2013	<b>City, State</b> Route 2 Box 68 Bridgeport, WVA 304-842-2784
<b>Hauler #2)</b> Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
<b>Completed by (Print or Type)</b> Marin Graure	<b>Title</b> SENIOR PROJECT MANAGER	<b>Signature</b> Marin Graure	<b>Date</b> February 8, 2013

GAC # 2013-369



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

MO# 20613911973

**RECEIVED**

2013 JAN 28 PM 2:58

**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 01 / 23 / 13		Name of Building Owner/Operator (2) Jonathan Kohl	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Curtis Place City, State, Zip Code Maplewood, NJ 07040 Name of Contact Jonathan Kohl Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house Street Address 49 Curtis Place City (5) Maplewood, NJ 07040 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)

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

Start Date (10) 02 / 02 / 13	Scheduled Completion Date (11) 02 / 03 / 13	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410
---------------------------------	------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: \_\_\_\_\_ AM- \_\_\_\_\_ PM/ \_\_\_\_\_ PM \_\_\_\_\_ AM

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 if <input type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination <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) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	145 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"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 01/23/2013



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

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Date of Notification (1) <u>1/21/13</u>		Name of Building Owner/Operator (2) <u>Douglas Murphy</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 West Oak</u> City, State, Zip Code <u>Moorestown, NJ 08057</u> Name of Contact <u>Douglas Murphy</u> Telephone Number							
<b>FACILITY INFORMATION</b>									
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>1 West Oak</u>		Square Feet <u>3500</u>	# of Floors <u>2</u>						
City (s) <u>Moorestown</u>		Bldg. Age <u>65 yrs</u>							
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>						
Street Address		Street Address <u>300 S. Lenola Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>2/12/2013</u>	Scheduled Completion Date (11) <u>2/12/2013</u>	Name of OSHA Monitor <u>AEi2, LLC</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>300 S. Lenola Road</u> City, State, Zip Code <u>Maple Shade, NJ 08052</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>35 LF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
<u>Basement</u>			<u>X</u>	<u>Duct wrap</u>	<u>35 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>TBD</u>					
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature <u>[Signature]</u>		Date <u>1/21/13</u>			

ASB-41

Do not use this form for asbestos licensure exempted activities.



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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) JAN. 25, 2013		Name of Building Owner/Operator (2) The Housing Authority of the City of Elizabeth							
Agencies Notified	Type Notification	Street Address 688 Maple Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 Elizabeth, NJ 07202							
		Name of Contact Mike Medeiros							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ford Leonard Towers Apt. 212		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 69 Division Street									
City (5) Elizabeth	Square Feet 60000	# of Floors 5	Bldg. Age 55+ yrs						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APARTMENT BLDG							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp, Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-222-8372						
			License No. 00040						
Start Date (10) 2/4/13	Scheduled Completion Date (11) 2/5/13	Name of OSHA Monitor n/a							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
APARTMENT 212			X	VAT	644 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 4cy	Name of Registered Landfill GROWS NORTH LANDFILL					
City, State Oceanport, NJ 07757-0400			Disposal Date 2/6/13	City, State MORRISVILLE, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature			Date 1/25/13			



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

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 2013 JAN 28 PM 2:58  
 ASBESTOS CONTROL  
 & LICENSING

**1/24/13** **12871** **WAIVER OF 10-DAY WAIVED AS PER FRANK MEYER**

Date of Notification (1) <b>JANUARY 24, 2013</b>		Name of Building Owner/Operator (2) <b>BRUCE O'CONNOR</b>							
Agencies Notified	Type Notification	Street Address <b>16 ST. CLAIR AVENUE</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 <b>SPRING LAKE, NJ 07762</b>							
		Name of Contact <b>BRUCE O'CONNOR</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>O'CONNOR RESIDENCE</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>16 ST. CLAIR AVENUE</b>		Square Feet <b>3500</b>	# of Floors <b>2</b>						
City (5) <b>SPRING LAKE</b>		Bldg. Age <b>75 YRS</b>							
County (6) <b>MONMOUTH</b>	County Code (7) (STATE USE ONLY) _____	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>FINISHING TOUCH ASBESTOS ABATEMENT CO.</b>						
Street Address		Street Address <b>17 THOMPSON STREET</b>							
City, State, Zip Code		City, State, Zip Code <b>WEST LONG BRANCH, NJ 07764</b>							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. <b>732-754-0281</b> License No. <b>00040</b>						
Start Date (10) <b>2/24/13</b>	Scheduled Completion Date (11) <b>2/25/13</b>	Name of OSHA Monitor							
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: _____		Street Address							
		City, State, Zip Code							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>125 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>X</b>	<b>TSI</b>	<b>125 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>FINISHING TOUCH ASBESTOS ABATEMENT</b>		NJDEP Waste Hauler ID No. <b>12058</b>	Cubic Yards of Waste <b>1 CY</b>	Name of Registered Landfill <b>GROWS NORTH LANDFILL</b>					
City, State <b>OCEANPORT, NJ 07757-0400</b>		Disposal Date <b>1/25/13</b>	City, State <b>MORRISVILLE, PA</b>						
Completed by <b>JOSEPH P. MILLER</b>		Title <b>PRESIDENT</b>	Signature <i>Joseph P. Miller</i>				Date <b>2/24/13</b>		



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

*Ch. # 8392*

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	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	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	
<b>FACILITY INFORMATION</b>			
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	# of Floors
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Exterior</b>	
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>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>1/21/2013</b>	Scheduled Completion Date (11) <b>1/23/2013</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>Exterior Removal</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7 AM – 3:30 PM</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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
<b>T-21 Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> PIPE INSULATION
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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>
City, State <b>Bristol, PA</b>		Name of Registered Landfill <b>GROWS Landfill</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Disposal Date <b>1/23/2013</b>
		Signature <i>Gino Pizzigoni</i>	Date <b>1/10/13</b>