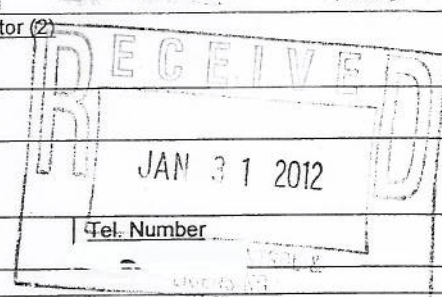
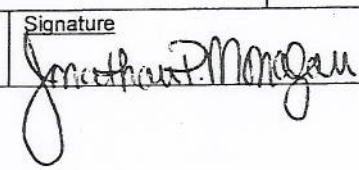


No check

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

<b>Date of Notification (1)</b> 1/13/12		<b>Name of Building Owner/Operator (2)</b> BASF Corporation	
<b>Agencies Notified</b> (X) EPA (X) DOL (X) DOH ( ) DCA	<b>Notification Type</b> ( ) Initial Notification (x) Amended Certification ( ) Cancelled	<b>Street Address</b> 100 Campus Drive	
		<b>City, State, Zip Code</b> Florham Park, NJ 07932	
		<b>Name of Contact</b> Frank Piechoeta	<b>Tel. Number</b>



<b>Facility Information</b>		
<b>Name of Facility Where Abatement is Taking Place (3)</b> BASF - Receiving Building Rm. No. 10		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
<b>Street Address</b> 1 James Street		<b>Sq. Feet</b> 16000 <b># of Floors</b> 1 + partial mezz
<b>City (5)</b> Belvidere	<b>County (6)</b> Warren	<b>County Code (7)</b> (State Use Only)
		<b>Bldg. Age</b> 30 +/- <b>Current Use (prior if being demolished)</b> Warehouse
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Environmental Health Investigations, Inc.		<b>ASCM No.</b> 00104
<b>Street Address</b> 655 West Shore Trail		<b>Name of Contractor (9)</b> NCM Demolition and Remediation, LP
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>Street Address</b> 404 N. Berry Street
<b>Project Manager for Monitoring Firm</b> William S. Kerbel, CIH		<b>City, State, Zip Code</b> Brea, CA 92821
<b>Telephone Number</b> 973-79-5649	<b>Telephone Number</b> 484-480-8931	<b>License Number</b> 01066
<b>Scheduled Start Date (10)</b> 1/30/2012	<b>Scheduled Completion Date (11)</b> 4/13/2012	<b>Name of OSHA Monitor</b> Testor Tech
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<b>Street Address</b> 10 59 Jackson Ave.
<b>Describe Vacant Bldg. To Be Demolished</b> 16,000 sf building to be demolished in its entirety Other - Describe		<b>City, State, Zip Code</b> L.I.C. New York, 11101
<b>Source of Work (Check all that apply)</b> (X) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure ( ) Non-Friable Outdoor Work		
<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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>
Throughout Interior Ceilings	X	Fireproofing
Throughout Interior	X	Pipe Insulation
Throughout Interior Walls	X	Fireproof Insulation and plaster on Walls
Throughout Interior Ceilings	X	Drop Ceiling
Exterior Windows	X	Window Caulk
<b>Name of Reg. Waste Hauler</b> Service Transport Group	<b>NJDEP Waste Hauler ID #</b> A901 #20990 / SW2117	<b>Cubic Yards of Waste</b> 120
<b>City, State</b> 58 Pyles Lane - New Castle, DE	<b>Disp. Date</b> 4/13/12	<b>Name of Reg. Landfill</b> Minerva Enterprises
<b>Completed by (Print or Type)</b> Jon Monagan	<b>Title</b> Project Coordinator	<b>Signature</b> 
		<b>Date</b> 1/26/12



RECEIVED

Print Form

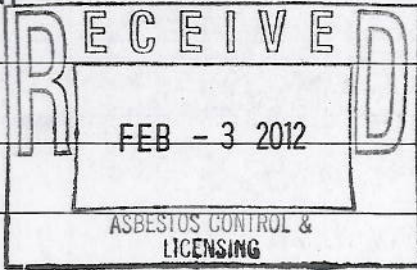
REMEMBER - MAIL IN PERMIT - 3 2012  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)

DO NOT - 10 DAY

Date of Notification (1) 01/31/12 Ck-1781		\$200		Name of Building Owner (2) ROL & West Orange Public Schools		JAN 31 2012	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 179 Eagle Rock Avenue City, State, Zip Code West Orange, New Jersey 07052 Name of Contact Robert Csigi		WAIVER APPROVED	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Redwood Elementary School				Type of Facility (4) <input checked="" 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 79 Redwood Avenue City (6) West Orange, New Jersey 07052				Square Feet 20,000		# of Floors 2	
County (8) Essex				County Code (7) (STATE USE ONLY)		Bldg Age 55+	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.				ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 385 City, State, Zip Code Oceanville, New Jersey 08231				Street Address 608 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm John Smoyer				Telephone No 609-652-1833		Telephone No 973-225-8400	
Start Date (10) 02/02/12				Scheduled Completion Date (11) 02/11/12		License No 01104	
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: 4PM Start				Name of OSHA Monitor J&S Environmental Labs LLC			
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 $\geq 250$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure				Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083			
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)	
		Yes No N/A					
B1 & B2		X		Plaster Lathe Ceiling		2,200 SF	
B2		X		VAT & mastic		750 SF	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No 18724		Cubic Yards of Waste 6		Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 02/13/12		City, State Morrisville, Pennsylvania			
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 01/31/12	



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



Date of Notification (1) <b>01 / 31 / 12</b>		Name of Building Owner/Operator (2) <b>67 Whippany Investors, LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>49 Bloomfield Avenue</b> City, State, Zip Code <b>Mountain Lakes, NJ 07046</b> Name of Contact <b>Ross Chomik</b> Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>67 Whippany Road - Bldg. 14 A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>67 Whippany Road</b>		Square Feet <b>163,245</b>	
City (5) <b>Whippany</b>		# of Floors <b>5</b>	Bldg. Age <b>48 years</b>
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc.</b>
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00411</b>
Start Date (10) <b>02 / 06 / 12</b>	Scheduled Completion Date (11) <b>02 / 10 / 12</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address <b>2 Henderson Drive, Ste A</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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>4<sup>th</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gummy Mastic/computer floor</b>	<b>1,280 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4<sup>th</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gummy Mastic/computer floor</b>	<b>20 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>2/10/2012</b>	City, State <b>Waynesburgh OH</b>		
Completed By (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>1-31-12</b>		



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

**COPY**

Date of Notification (1) <b>01 / 20 / 12</b>		Name of Building Owner/Operator (2) <b>67 Whippany Investors, LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>49 Bloomfield Avenue</b>							
		City, State, Zip Code <b>Mountain Lakes, NJ 07046</b>							
		Name of Contact <b>Ross Chomik</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>67 Whippany Road - Bldg. 14 A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>67 Whippany Road</b>		Square Feet <b>163,245</b>	# of Floors <b>5</b>						
City (5) <b>Whippany</b>		Bldg. Age <b>48 years</b>							
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc.</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive, Ste A</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>609-704-8850</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <b>01 / 30 / 12</b>	Scheduled Completion Date (11) <b>02 / 03 / 12</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>2 Henderson Drive, Ste A</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>4<sup>th</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gummy Mastic/computer floor</b>	<b>1,280 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4<sup>th</sup> Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Gummy Mastic/computer floor</b>	<b>20 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>2/3/2012</b>		City, State <b>Waynesburgh OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 			Date <b>1-20-12</b>		



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

Date of Notification (1) 02 / 01 / 12		Name of Building Owner/Operator (2) JC Penney Company Incorporated							
Agencies Notified <input 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6501 Legacy Drive City, State, Zip Code Plano, Texas 75024 Name of Contact Michael Wittaker							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JC Penney Quaker Bridge 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 500 Quaker Bridge Mall		Square Feet 75,000	# of Floors 2						
City (5) Trenton		Bldg. Age 45							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		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 NY 10309							
Project Manager for Monitoring Firm Michael Nehlsen		Telephone No. 908-688-7800	Telephone No. 718-605-6256						
License No. 00774									
Start Date (10) 02 / 07 / 12	Scheduled Completion Date (11) 2 / 10 / 12	Name of OSHA Monitor Hillmann Consulting							
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 1600 Route 22 East City, State, Zip Code Union NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input 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) 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
Pent House Generator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20LF	<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 Express Waste Services LLC		NJDEP Waste Hauler ID No. NJ-804	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises Inc.					
City, State Newark, NJ		Disposal Date 2/10/2012	City, State Waynesburg, OH						
Completed By (Print or Type) John Tardy		Title Senior Project Manager	Signature <i>John Tardy</i>				Date 2/1/12		



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

Date of Notification (1) 01/13/10		Name of Building Owner/Operator (2) FOREST GREEN MANAGEMENT CORP.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 26 COURT STREET, SUITE 300		City, State, Zip Code BROOKLYN, NY 11242	
Name of Contact JOE SCHACHTER		Telephone Number & Licensing	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ONE UNIVERSITY PLAZA (COMMERCIAL BUILDING)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address ONE UNIVERSITY			Square Feet # of Floors Bldg. Age		
City (5) HACKENSACK	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 00159
Start Date (10) 02/14/12		Sched. Completion Date (11) 03/07/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: 5:00 PM <input type="checkbox"/> Other-Describe: _____			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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
OFFICE #08/GROUND FLOOR		<input checked="" type="checkbox"/>		FIREPROOFING	1,900 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"/>
						<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 20 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date VARIOUS DATES	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/30/12



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

Date of Notification (1) 01/13/12		Name of Building Owner/Operator (2) OWEN LEWIS	
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 700 SHERMAN AVENUE		City, State, Zip Code PLAINFIELD, NJ 07061	
Name of Contact OWEN LEWIS		Telephone Number 908.381.1111	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) OWEN LEWIS			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 700 SHERMAN AVENUE			Square Feet _____		
City (5) PLAINFIELD			County (6) UNION		# of Floors _____
County Code (7) (State use only)			Bldg. Age _____		
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 00159
Start Date (10) 02/11/12		Sched. Completion Date (11) 02/17/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Paterson, NJ 07503			

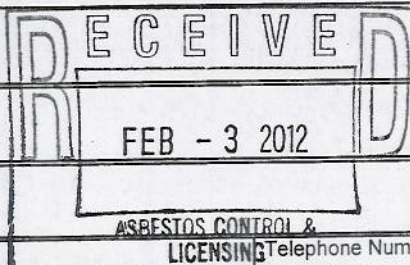
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	198 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 02/13/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 01/30/12



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

Date of Notification (1) 10/11/12 17/12/1		Name of Building Owner/Operator (2) B. RASSO	
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 309 LAFAYETTE STREET	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code LINDEN, NJ	
		Name of Contact B. RASSO	



## FACILITY INFORMATION

Name of facility where abatement is taking place (3) B. RASSO			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 309 LAFAYETTE STREET			Square Feet		
City (5) LINDEN			County (6) UNION		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 00159
Start Date (10) 01/30/12		Sched. Completion Date (11) 02/06/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

- ☒ >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"/>		BASEMENT	40 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/31/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/27/12



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

Date of Notification (1) 01/12/12		Name of Building Owner/Operator (2) RICHARD DRISCOLL	
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 599 SECOND AVENUE City, State, Zip Code NORTH BRUSWICK, NJ	
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 RICHARD DRISCOLL	

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FEB - 3 2012  
ASBESTOS CONTROL & LICENSING  
Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICHARD DRISCOLL Street Address 599 SECOND AVENUE City (5) NORTH BRUNSWICK County (6) MIDDLESEX 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) 01/30/12 Sched. Completion Date (11) 02/06/12 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ 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		X		PIPE INSULATION	77 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 01/31/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 01/27/12



004146

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

D&S Proj. #: MS 12-48

Date of Notification (1) 01/13/10		Name of Building Owner/Operator (2) SHAWN CONNOLLY	
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 1420 WHIPPOORWILL WAY City, State, Zip Code MOUNTAINSIDE, NJ 07092 Name of Contact SHAWN CONNOLLY	
		Telephone Number	

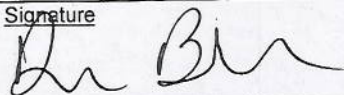
FACILITY INFORMATION

Name of facility where abatement is taking place (3) SHAWN CONNOLLY Street Address 1420 WHIPPOORWILL WAY City (5) MOUNTAINSIDE County (6) UNION 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) 02/10/12 Sched. Completion Date (11) 02/17/12 Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <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 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 (14 LOCATIONS)		X		DUCT INSULATION(DAMAGE AREAS ONLY)	50 SQ FT	X			
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 02/13/12		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			Date 01/30/12		



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

Date of Notification (1) <b>1/30/2012</b>		Name of Building Owner/Operator (2) <b>OAK STREET, LLC</b>	
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		Notification Type (X) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	
Street Address <b>65 MEMORIAL ROAD SUITE 380</b> City, State, Zip Code <b>WEST HARTFORD, CT 06107</b>		Name of Contact <b>CHRIS TRACANNA</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>50 OAK</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>50 OAK STREET</b> City (5) <b>EAST RUTHERFORD</b>		County (6) <b>BERGEN</b> County Code (7) (State Use Only)	
Name of Monitoring Firm <b>EHS INC</b>		ASCM No.	
Street Address <b>9 MAIN STREET</b> City, State, Zip Code <b>MULLICA HILL, NJ</b>		Telephone Number <b>8562230080</b>	
Project Manager for Monitoring Firm <b>JACK CARNEY</b>		License Number <b>00508</b>	
Scheduled Start Date (10) <b>2/13/2012</b>		Scheduled Completion Date (11) <b>4/27/2012</b>	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		Name of OSHA Monitor <b>EHS, INC</b>	
Describe Other -		Street Address <b>9 MAIN STREET</b> City, State, Zip Code <b>MULLICA HILL, NJ</b>	
Source of Work (Check all that apply) ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
ROOF	X	ROOFING	92500sf
1 <sup>ST</sup> AND 2 <sup>ND</sup> FLOORS	X	PIPE INSULATION	460LF
1 <sup>ST</sup> AND 2 <sup>ND</sup> FLOORS	X	VAT&MASTIC	12110SF
LOADING DOCK	X	TAR	27SF
ROOM B1-46	X	INCINERATOR PACKING	100SF
ROOM B1-41	X	TRANSITE PANEL	670SF
Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>		NJDEP Waste Hauler ID # <b>17235</b>	Cubic Yards of Waste Approx. <b>1700</b>
City, State <b>Hazleton, PA</b>		Disp. Date <b>TBD</b>	Name of Reg. Landfill <b>BFI Imperial</b>
Completed by (Print or Type) <b>DEVIN BLOM</b>		Title <b>Estimator</b>	Signature 
			Date <b>1/30/2012</b>

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


Telephone 609-984-6620

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9/18/00



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

<u>Date of Notification (1)</u> <b>1/23/2012</b>		<u>Name of Building Owner/Operator (2)</u> <b>MATRIX DEVELOPMENT GROUP</b>	
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> ( ) Initial Notification (x) Amended Notification Amendment # <u>1</u> ( ) Emergency (including justification) ( ) Cancellation	
<u>Street Address</u> <b>3 CENTER DRIVE, MONROE TOWNSHIP</b>		<u>City, State, Zip Code</u> <b>CRANBURY, NJ 08831</b>	
<u>Name of Contact</u> <b>RICHARD JOHNSON</b>		<u>Tel Number</u>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>UNIT H</b>		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> <b>259 PROSPECT PLAINS RD</b>		<u>Sq. Feet</u> <b>80,000</b> <u># of Floors</u> <b>3</b>	
<u>City (5)</u> <b>CRANBURY</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <b>30+</b> <u>Current Use (prior if being demolished)</u> <b>VACANT</b>
<u>Name of Monitoring Firm</u> <b>HILLMAN CONSULTING, LLC</b>		<u>ASCM No.</u>	
<u>Street Address</u> <b>1600 RT 22 SUITE 107</b>		<u>Name of Contractor (9)</u> <b>Alliance Environmental Systems</b>	
<u>City, State, Zip Code</u> <b>UNION, NJ 07083</b>		<u>Street Address</u> <b>550 East Union Street</b>	
<u>Project Manager for Monitoring Firm</u> <b>MICHAEL NEHLSSEN</b>		<u>Telephone Number</u> <b>9086887800</b>	<u>License Number</u> <b>00508</b>
<u>Scheduled Start Date (10)</u> <b>2/6/2012</b>		<u>Scheduled Completion Date (11)</u> <b>3/31/2012</b>	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<u>Name of OSHA Monitor</u> <b>HILLMAN CONSULTING, LLC</b>	
<u>Describe</u> Other -		<u>Street Address</u> <b>1600 RT 22 SUITE 107</b>	
<u>Source of Work (Check all that apply)</u> ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure		<u>City, State, Zip Code</u> <b>UNION NJ 07083</b>	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
<u>Abatement Type</u>			
Rem.	Rep.	Encap	Enclose
THROUGHOUT	X	Vat & mastic	45570sf
THROUGHOUT	X	TRANSITE	13400SF
	X	FLOOR MASTIC	57605Sf
	X	LINOLEUM	2400SF
THROUGHOUT	X	FITTINGS	2407EA
	X	PIPE INSULATION	4LF
	X	STEAM TANK INSULATION	30SF
<u>Name of Reg. Waste Hauler</u> <b>N.E.T.S. / Miners</b>	<u>NJDEP Waste Hauler ID #</u> <b>17235</b>	<u>Cubic Yards of Waste</u> <b>Approx. 300</b>	<u>Name of Reg. Landfill</u> <b>BFI Imperial</b>
<u>City, State</u> <b>Hazleton, PA</b>	<u>Disp. Date</u> <b>TBD</b>	<u>City, State</u> <b>Imperial, PA</b>	
<u>Completed by (Print or Type)</u> <b>DEVIN BLOM</b>	<u>Title</u> <b>Estimator</b>	<u>Signature</u> 	<u>Date</u> <b>1/31/2012</b>

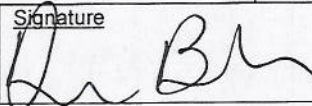
Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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

<u>Date of Notification (1)</u> <b>1/30/2012</b>			<u>Name of Building Owner/Operator (2)</u> <b>LEVIN MANAGEMENT CORP</b>		
<u>Agencies Notified</u> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<u>Notification Type</u> (X) Initial Notification ( ) Amended Notification Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation		<u>Street Address</u> <b>975 RT 22 W</b> <u>City, State, Zip Code</u> <b>N PLAINFIELD, NJ 07060</b> <u>Name of Contact</u> <b>GERRY O'BRIEN</b>	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>FORMER RITE AID</b>			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <b>BRUNSWICK SHOPPING CENTER MILLTOWN RD</b>			<u>Sq. Feet</u> <b>10000</b> <u># of Floors</u> <b>1</b>		
<u>City (5)</u> <b>NORTH BRUNSWICK</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <b>30+</b> <u>Current Use (prior if being demolished)</u> <b>VACANT</b>		
<u>Name of Monitoring Firm</u> <b>EHS INC</b>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> <b>Alliance Environmental Systems</b>		
<u>Street Address</u> <b>9 MAIN STREET</b>			<u>Street Address</u> <b>550 East Union Street</b>		
<u>City, State, Zip Code</u> <b>MULLICA HILL, NJ</b>			<u>City, State, Zip Code</u> <b>West Chester, PA 19382</b>		
<u>Project Manager for Monitoring Firm</u> <b>JACK CARNEY</b>		<u>Telephone Number</u> <b>8562230080</b>	<u>Telephone Number</u> <b>610-701-9000</b>	<u>License Number</u> <b>00508</b>	
<u>Scheduled Start Date (10)</u> <b>2/13/2012</b>		<u>Scheduled Completion Date (11)</u> <b>3/2/2012</b>		<u>Name of OSHA Monitor</u> <b>EHS, INC</b>	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  Describe _____ Other - _____			<u>Street Address</u> <b>9 MAIN STREET</b>  <u>City, State, Zip Code</u> <b>MULLICA HILL, NJ</b>		
<u>Source of Work (Check all that apply)</u> ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
<b>RETAIL AREA</b>	<b>X</b>	<b>Vat &amp; mastic</b>	<b>7800sf</b>	<b>X</b>	
<u>Name of Reg. Waste Hauler</u> <b>N.E.T.S. / Miners</b>		<u>NJDEP Waste Hauler ID #</u> <b>17235</b>	<u>Cubic Yards of Waste</u> <b>Approx. 100</b>	<u>Name of Reg. Landfill</u> <b>BFI Imperial</b>	
<u>City, State</u> <b>Hazleton, PA</b>		<u>Disp. Date</u> <b>TBD</b>		<u>City, State</u> <b>Imperial, PA</b>	
<u>Completed by (Print or Type)</u> <b>DEVIN BLOM</b>		<u>Title</u> <b>Estimator</b>	<u>Signature</u> 	<u>Date</u> <b>1/30/2012</b>	

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS  
9/18/00



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

CITY 1835

Date of Notification (1) <b>2.1.12</b>		Name of Building Owner/Operator (2) <b>Bronwen Shoard</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  <b>FEB - 3 2012</b>  ASBESTOS CONTROL &amp; ABATEMENT  Telephone Number _____ </div>					
Agencies Notified	Type Notification	Street Address							
<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	<b>40 Maple Street</b> City, State, Zip Code <b>Teaneck NJ 07666</b> Name of Contact <b>Bronwen Shoard</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Shoard</b>				Type of Facility (4)					
Street Address <b>40 Maple Street</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>Teaneck</b>				Square Feet <b>1650</b>	# of Floors <b>2</b>				
County (6) <b>Bergen</b>				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Residential</b>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>					
Street Address				Street Address <b>105 Lowell Road</b>					
City, State, Zip Code				City, State, Zip Code <b>Glen Rock, NJ 07452</b>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>				
Start Date (10) <b>2.16.12</b>		Scheduled Completion Date (11) <b>2.17.12</b>		Name of OSHA Monitor <b>Omega Environmental Services 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>280 Huyer Street</b>					
				City, State, Zip Code <b>Hackensack, NJ 07606</b>					
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 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
<b>Basement</b>			<b>X</b>	<b>pipe insulation</b>	<b>65 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State, Zip Code <b>Riverdale, NJ 07457</b>				Disposal Date <b>2.16.12 on</b>	City, State, Zip Code <b>Bethlehem, PA 18015</b>				
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>[Signature]</i>		Date			



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

64 # 7835 scanned 2/1/12

APPROVED  
NJ Dept. of Health & Senior Services  
(Signature) Date: 2/1/12 Time: 12:41 PM  
FEB - 3 2012  
Telephone Number  
LICENSING

Date of Notification (1)  
2-1-12

Name of Building Owner/Operator (2)  
DORIS BERGER

Street Address  
59 WEST FORREST AVENUE

City, State, Zip Code  
TEANECK NJ 07660

Name of Contact  
DORIS BERGER

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

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

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

Street Address  
59 WEST FORREST AVENUE

City (5)  
TEANECK

County (8)  
BERGEN

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
1650

# of Floors  
2

Bldg. Age  
60

Current Use (Prior if being demolished)  
RESIDENTIAL

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

Name of Abatement Contractor (9)  
A. MAC Contracting Inc

Street Address  
105 Lowell Road

City, State, Zip Code  
Glen Rock, NJ 07452

Project Manager for Monitoring Firm  
Telephone No.  
201-262-5841

License No.  
00156

Start Date (10)  
2-2-12

Scheduled Completion Date (11)  
2-5-12

Name of OSHA Monitor  
Omega Environmental Services Inc.

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

Street Address  
280 Huyer Street

City, State, Zip Code  
Hackensack, NJ 07606

Scope of Work (Check All That Apply)  
☒ ≥ 3 sf or ≥ 3 lf  
☐ ≥ 180 sf or ≥ 280 lf  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location or 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 cyclone insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Encase
BASEMENT			X	PIPE INSULATION	85 LF	X			

Name of Registered Waste Hauler  
Rovic Transport

NJDEP Waste Hauler ID No.  
20785

Cubic Yards of Waste  
1

Name of Registered Landfill  
IESI PA Bethlehem Landfill Corp.

City, State, Zip Code  
Riverside, NJ 07457

Disposal Date  
2-2-12 pm

City, State, Zip Code  
Bethlehem, PA 18015

Completed by  
R. McDonald

Title  
President

Signature  
R. McDonald

Date  
2-1-12



**Notification of Demolition or Renovation.....(continued)****X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

JAN 31 2012

**XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:**

Full negative air containments for fireproofing, plaster and pipe abatement. Wet removal methods. Vacuums will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking.

**XII. Waste Transporter#1 Waste Management**

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

**Waste Transporter#2 Service Transport Group, Inc.**

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

**XIII. Waste Disposal Site Minerva Enterprises**

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

**XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:**

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

**XV. For Emergency Renovations:**

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

**XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder**  
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.


**XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).**



(Signature of Owner/Operator)

(Date) 1/25/12

**XVIII. I Certify that the Above Information is Correct**



(Signature of Owner/Operator)

(Date) 1/25/12