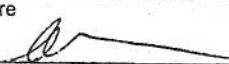


No
check

Print Form

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

CHECK 11435

Date of Notification (1) 7/16/12		Name of Building Owner/Operator (2) Caitaman Properties							
Agencies Notified	Type Notification	Street Address PO Box 371							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Highlands, NJ 07732							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Dr. John M. Taylor	Telephone Number ASBESTOS LICE						
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) Street Address 194 Route 35 South City (5) Middletown		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 3000 # of Floors 2 Bldg. Age 60							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address 4 E Gate Drive, PO Box 483 City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) ON HOLD		Scheduled Completion Date (11)							
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: weekend		Name of OSHA Monitor Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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) <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
front/rear basement			X	pipe insulation	80 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President/Owner		Signature 		Date 7-16-12			

No check

MO# 20142484121

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

Amended Notification

Date of Notification (1) 07 / 16 / 12		Name of Building Owner/Operator (2) Ryan Moglia	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 143 Maple Avenue		City, State, Zip Code Wallington, NJ 07057	
Name of Contact Ryan Moglia		Telephone Number	

RECEIVED
 JUL 20 2012
 ASBESTOS LICENSING

Name of Facility Where Abatement is Taking Place (3) Private home		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 30 Ascot Way		Square Feet # of Floors Bldg. Age	
City (5) Summit, NJ 07901		County Code (7) (STATE USE ONLY)	
County (6) Union		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 17 / 12	Scheduled Completion Date (11) 07 / 19 / 12	Name of OSHA Monitor Envirovision Consultants, Inc	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	
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Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> DECONTAMINATION USING WET, WIPE, HEPA VACUUM, NEGATIVE PRESSURE <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

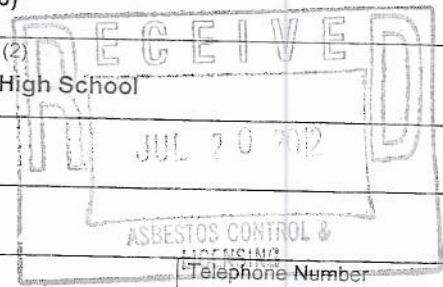
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decontamination using wet, wipe,	400 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEPA vacuuming		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	under negative pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	

Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 07/16/2012
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No
check

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



Date of Notification (1) 07 / 16 / 12		Name of Building Owner/Operator (2) Rancocas Valley Regional High School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" 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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 520 Jacksonville Road		City, State, Zip Code Mt. Holly, NJ 08060							
Name of Contact William Dent		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rancocas Valley Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 520 Jacksonville Road		Square Feet 60,000							
City (5) Mt. Holly		# of Floors 2							
County (6) Burlington		Bldg. Age 40+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No.							
Street Address 307 N. Walnut Street		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
City, State, Zip Code West Chester, Pa 19380		Street Address 500 East Luzerne Street							
Project Manager for Monitoring Firm Matt Abraham		City, State, Zip Code Philadelphia, PA 19124							
Telephone No. 610-431-7545		Telephone No. 215-739-8166							
License No. 00646		Name of OSHA Monitor SAME AS ABOVE							
Start Date (10) 07 / 16 / 12		Scheduled Completion Date (11) 07 / 31 / 12							
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: 7:00AM-3:30PM/ PM- AM		Street Address							
City, State, Zip Code		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Hallways outside Class Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2' X 4' Ceiling Tiles	1,416	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C201 through C-208	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Service Transport		NJDEP Waste Hauler ID No. A901 #20990		Cubic Yards of Waste		Name of Registered Landfill Minerva			
City, State Waynesburg, OH		Disposal Date 8-31-12		City, State Waynesburg, OH					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 07/16/12			

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

(mailed previously)
Check # 6588

Date of Notification (1) July 12, 2012		Name of Building Owner / Operator (2) JP Morgan Chase & Co.	
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"/> Cancellation	20 Paterson-Hamburg Turnpike City, State & Zip Code Riverdale, NJ 07457 Name of Contact Damiano Albanese	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 20 2012 ASBESTOS CONTROL & LICENSING </div>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		Type of Facility (4)	
Street Address 20 Paterson-Hamburg Turnpike		<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, home, etc.)	
City (5) Riverdale	Square Feet 6,000	# of Floors 2	Bldg. Age 47
County (6) Morris	Current Use (Prior if being demolished) Bank		
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm William Mener	Telephone Number 908-526-1000	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) July 23, 2012	Scheduled Completion Date (11) July 24, 2012	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior, southside stone facade			X	Grey caulk	25 LF	X			
Exterior, southside, teller window			X	Grey caulk	27 LF	X			
Exterior, westside, drive-up teller window			X	Grey caulk debris	6 LF	X			
Exterior, westside, 2 nd fl. Window			X	Grey caulk	28 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date July 24, 2012	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date July 12, 2012

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

Check # **6588**

Date of Notification (1) July 12, 2012		Name of Building Owner / Operator (2) JP Morgan Chase & Co.	
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"/> Cancellation	20 Paterson-Hamburg Turnpike City, State & Zip Code Riverdale, NJ 07457 Name of Contact Damiano Albanese	
		Telephone Number	
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 20 2012 ASBESTOS CONTROL & LICENSING </div>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JP Morgan Chase Bank		Type of Facility (4)	
Street Address 20 Paterson-Hamburg Turnpike		<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, home, etc.)	
City (5) Riverdale		Square Feet 6,000	# of Floors 2
County (6) Morris		Bldg. Age 47	
County Code (7) USE ONLY		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 35 Columbia Road		Street Address 829 Radio Road	
City, State & Zip Code Branchburg, NJ 08876		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm William Mener		Telephone Number 908-526-1000	License Number 00817
Scheduled Start Date (10) April 27, 2012	Scheduled Completion Date (11) April 28, 2012		
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor Synatech, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA1 or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Exterior, southside stone facade		Grey caulk	25 LF
Exterior, southside, teller window		Grey caulk	27 LF
Exterior, westside, drive-up teller window		Grey caulk debris	6 LF
Exterior, westside, 2 nd fl. Window		Grey caulk	28 LF
Name of Registered Waste Hauler Synatech, Inc.		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date July 24, 2012	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date July 12, 2012

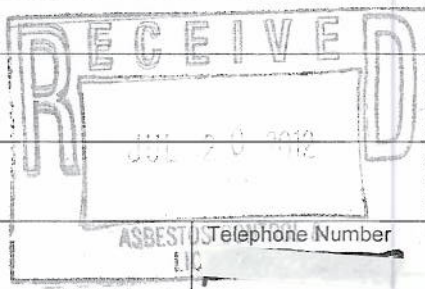
*Do not use this form for asbestos licensure exempted activities.

No
check

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

Check # n/a

Date of Notification (1) 7/13/12		Name of Building Owner/Operator (2) Newton BOE	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [X] DCA	Type of Notification [] Initial Notification [X] Amended Notification Amend. #1 [] Cancellation	Street Address 57 Trinity Street	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact Donna Snyder	
		Telephone Number [REDACTED]	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Merriam Avenue School			Type of Facility (4) [X] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 81 Merriam Ave.			Square Feet 80000		
City (5) Newton			County (6) Sussex		Count Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner RK Occup. & Envir. Analysis, Inc.			ASCM No. 00090		
Street Address 401 St. James Ave.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Phillipsburg, NJ 08865			Street Address 3 Lynn Court		
Project Manager for Monitoring Firm Pat McGuinness			Telephone Number 908-454-6316		License Number 00852
Scheduled Start Date (10) 7/23/12		Sched. Completion Date (11) 7/31/12			
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: [] Other - Describe:					
Name of OSHA Monitor J & S Environmental Laboratories, LLC			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)


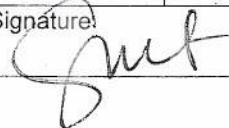
- | | | |
|------------------------|----------------|---|
| [] Demolition | [X] Renovation | [X] Full Containment with Negative Pressure |
| [] ≥3 sf or ≥3 lf | | [] Mini - Enclosure |
| [X] ≥160 sf or ≥260 lf | | [] Glovebag Procedure |
| | | [] Non - Friable Procedure |

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	N
Rooms 100 & 101		X		TSI - elbow and roof drain insulation	60LF	x				
Rooms 100 & 101		X		Ceiling (tile and spray-on scrape)	3000 SF	x				
Rooms 100 & 101		x		VAT and mastic	1640 SF	X				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 15	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 7/30/12		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		
				Date 7/13/12		

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

1207-4523
Check #4320

Date of Notification (1) 7/17/12		Name of Building Owner / Operator (2) Verizon Communications							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	100 Greenwood Ave. City, State & Zip Code Jenkintown, PA 19046							
		Name of Contact Alex Baylor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon			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 10 Tansboro Road			Square Feet	# of Floors	Bldg. Age				
City (5) Berlin	County (6) Camden	County Code (7)	Current Use (Prior if being demolished) Offices						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 8436 Enterprise Avenue		Street Address PO Box 25							
City, State & Zip Code Philadelphia, PA 19153		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810 ext. 111	Telephone Number 609-265-2107	License Number 00529					
Scheduled Start Date (10) 7/30/12	Scheduled Completion Date (11) 8/3/12		Name of OSHA Monitor EMSL Analytical						
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: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 108 Haddon Ave.						
			City, State & Zip Code Westmont, NJ 08108						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Ventilating Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ventilating Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	43 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 8	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 8/3/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 			Date 7/17/12			

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

B & G proj. #: 2012-121D

Sub 8

Check # 5384

Date of Notification (1) 10/17/11 11/12/11		Name of Building Owner/Operator (2) Fair Lawn Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 37-01 Fair Lawn Avenue		City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact Tom Senko		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Transportation Building (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 5-01 Bergen Avenue			Square Feet [REDACTED]		
City (5) Fair Lawn			# of Floors [REDACTED]		
County (6) Bergen			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished) School Transportation Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		[REDACTED]		Street Address 105 Ryerson Road	
City, State, Zip Code [REDACTED]		[REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Telephone Number 973-696-6869	
[REDACTED]		[REDACTED]		License Number 0378	
Scheduled Start Date (10) 7/27/2012/12		Sched. Completion Date (11) 7/29/2012		Name of OSHA Monitor B & G Restoration, Inc.	
[REDACTED]		[REDACTED]		Street Address 105 Ryerson Road	
[REDACTED]		[REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035	
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: [REDACTED] <input checked="" type="checkbox"/> Other-Describe: occupied					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	fiber board	175 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	transite ceiling	195 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 7/30/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 7/17/12

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

D&S Proj. #: MS 12-254

APPROVED
NJ Dept of Health & Senior Services
(Signature)
Date: 7/12/12

RECEIVED
JUL 20 2012
ASBESTOS CONTAMINATION
LICENSING

Date of Notification (1) 07/11/12 11/12 1		Name of Building Owner/Operator (2) MICHAEL CARDONE	
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 842 STANDISH AVENUE City, State, Zip Code WESTFIELD, NJ Name of Contact MICHAEL CARDONE	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL CARDONE Street Address 842 STANDISH AVENUE City (5) WESTFIELD 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) 07/18/12 Sched. Completion Date (11) 07/27/12 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 type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure				
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT	Yes	No	PIPE INSULATION	72 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	Yes	No	BARE HEATING PIPES	30 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/12/12

ASB-41

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

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

D&S Proj. #: MS 12-254

Date of Notification (1) <u>07/12/12</u>		Name of Building Owner/Operator (2) MICHAEL CARDONE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 842 STANDISH AVENUE	
		City, State, Zip Code WESTFIELD, NJ	
		Name of Contact MICHAEL CARDONE	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL CARDONE			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 842 STANDISH AVENUE			
City (5) WESTFIELD	County (6) UNION	County Code (7) (State use only)	

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) 07/18/12		Sched. Completion Date (11) 07/27/12		
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: <u>NORMAL HOURS</u>				

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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	72 L FT	<input checked="" type="checkbox"/>			
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	30 L FT			<input checked="" 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 07/19/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature _____		Date 07/12/12

003753
D&S Proj. #: MS 12-258

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

Fax: Jul 16 2012 01:38pm P001/001

APPROVED
NJ Dept. of Health Senior Services
Date: 7/16/12 Time: 1:34 PM

Date of Notification (1) 07/11/12		Name of Building Owner/Operator (2) ANITA BIER	
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 2493 ST. GEORGE AVENUE	
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 RAHWAY, NJ	
		Name of Contact GEORGE RUTWER	
		Telephone Number	

RECEIVED
JUL 20 2012
ASBESTOS CONTROL & LICENSE

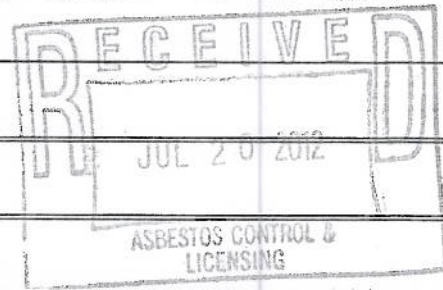
FACILITY INFORMATION		
Name of facility where abatement is taking place (3) ANITA BIER		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address 2493 ST. GEORGE AVENUE		Square Feet
City (5) RAHWAY	County (6) UNION	# of Floors
County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		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) 07/20/12	Sched. Completion Date (11) 07/31/12			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E m c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	52 L F	<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 07/21/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 07/16/12	

ASB-41 * Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) 10/7/11 16/12		Name of Building Owner/Operator (2) ANITA BIER	
Agencies Notified	Type Notification	Street Address 2493 ST. GEORGE AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code RAHWAY, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact GEORGE EUWER	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ANITA BIER			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 2493 ST. GEORGE AVENUE			Square Feet		
City (5) RAHWAY			County (6) UNION	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 07/20/12		Sched. Completion Date (11) 07/31/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	52 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 07/21/12	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 07/16/12	

CK
0037 54

D&S Proj. #: MS 12-257

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



Date of Notification (1) 10/17/11 6/11/12		Name of Building Owner/Operator (2) CAROL & PHILIP FRALEY	
Agencies Notified	Type Notification	Street Address 926 CASTLE POINT TERRACE	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code HOBOKEN, NJ 07030	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MARK SINGLETON	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number _____	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROL & PHILIP FRALEY			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 926 CASTLE POINT TERRACE			Square Feet		
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) _____		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) 08/08/12	Sched. Completion Date (11) 08/30/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT #1		<input checked="" type="checkbox"/>		PIPE INSULATION	177 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT #2		<input checked="" type="checkbox"/>		PIPE INSULATION	227 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/10/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 07/16/12

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

<u>Date of Notification (1)</u> <p align="center">7/13/2012</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">AVALON BAY COMMUNITIES</p>		
<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> 517 ROUTE ONE SOUTH SUITE 5500 <u>City, State, Zip Code</u> ISELIN, NJ 08830 <u>Name of Contact</u> STEVEN WEBER	
				<u>Tel. Number</u> 800 235 5888 <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;"> RECEIVED JUL 20 2012 </div>	

FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Fox run apartments maintenance shop			<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> 60 fox run drive			<u>Sq. Feet</u> 10,000 <u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> MAINTENANCE SHOP		
<u>City (5)</u> plainsboro	<u>County (6)</u> Middlesex	<u>County Code (7)</u> (State Use Only)	<u>Name of Contractor (9)</u> Alliance Environmental Systems		
<u>Name of Monitoring Firm</u> VERTEX, INC			<u>Street Address</u> 550 East Union Street		
<u>Street Address</u> 700 TURNER WAY, SUITE 105			<u>City, State, Zip Code</u> West Chester, PA 19382		
<u>City, State, Zip Code</u> ASTON, PA 19014			<u>Telephone Number</u> 610-701-9000		
<u>Project Manager for Monitoring Firm</u> DON HEIM		<u>Telephone Number</u> 6105588902	<u>License Number</u> 00508		
<u>Scheduled Start Date (10)</u> 7/27/2012		<u>Scheduled Completion Date (11)</u> 7/30/2012		<u>Name of OSHA Monitor</u> VERTEX, INC	
<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>Street Address</u> 700 TURNER WAY, SUITE 105		
<u>Describe Other -</u>			<u>City, State, Zip Code</u> ASTON, PA 19014		

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)
 (x) Negative Pressure Enclosure () Mini-Enclosure () Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
	YES NO NA			Rem. Rep. Encap Enclose
Lower level maintenance shop	x	LINOLEUM	300 sf	x

<u>Name of Reg. Waste Hauler</u> FREEHOLD CARTAGE	<u>NJDEP Waste Hauler ID #</u> 15939	<u>Cubic Yards of Waste</u> 1	<u>Name of Reg. Landfill</u> GROWS OR TULLEYTOWN PA
<u>City, State</u> FREEHOLD NJ	<u>Disp. Date</u> TBD		<u>City, State</u> TULLEYTOWN PA

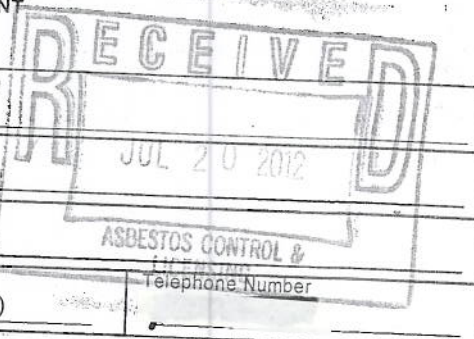
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 	<u>Date</u> 7/13/2012
--	----------------------------------	----------------------	---------------------------------

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

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



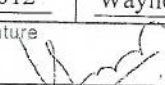
Date of Notification (1) 07/17/2012		Name of Building Owner/Operator (2) BIOMET Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20-01 Pollit Drive City, State, Zip Code Fair Lawn, NJ							
		Name of Contact Joseph Laquidara (Owner's Rep.)							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BIOMET Inc.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 20-01 Pollit Drive		Square Feet 40,000							
City (5) Fair Lawn, NJ		# of Floors 1							
County (6) Bergen		Bldg. Age 40							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental Laboratories		ASCM No. N/A	Name of Abatement Contractor (9) Valiant Associates, LLC						
Street Address 2333 Rt 22 West		Street Address 145 Mill Street							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Paterson, NJ 07501							
Project Manager for Monitoring Firm Sherry Gelsomino		Telephone No. 908-206-0073	Telephone No. 973-553-5374						
Start Date (10) 07/27/2012		Scheduled Completion Date (11) 07/30/2012	License No. 01108						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Valiant Associates, LLC							
		Street Address 145 Mill Street							
		City, State, Zip Code Paterson, NJ 07501							
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"/> Govebag 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
Storage Room B			X	ACM Floor Tiles/Mastic	60 SF	X			
Men's and Women's Locker Room			X	9" X 9" floor tile	296 SF	X			
Storage Room A			X	9" X 9" floor tile	123 SF	X			
Hallway			X	ACM Floor Tiles	160 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 7/30/2012		City, State Waynesburgh, OH					
Completed By Miodrag Stamenovic		Title Project Manager		Signature <i>Miodrag Stamenovic</i>		Date 07/17/2012			

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

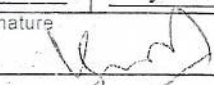
Date of Notification (1) 07/16/2012		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1655 US HWY 9		City, State, Zip Code Old Bridge, NJ 08857							
Name of Contact Bernadette Poppel		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.		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 & commercial buildings, homes, etc.)							
Street Address 27 Peach Lane		Square Feet 2000 SF							
City (5) Old Bridge,		# of Floors 2							
County (6) Middlesex		Bldg. Age 60+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartments Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) DIA General Construction, Inc.							
City, State, Zip Code _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
Project Manager for Monitoring Firm _____		City, State, Zip Code Clifton, NJ 07012							
Telephone No. _____		Telephone No. 973-389-0089							
Start Date (10) 07/26/2012		License No. 00693							
Scheduled Completion Date (11) 07/31/2012		Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
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 Clifton, NJ 07012							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Crawl Space			X	Pipe/Elbow Insulation	200 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970		Cubic Yards of Waste 10		Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 07/31/2012		City, State Waynesburg, OH 44688					
Completed By Krutarth Jagad		Title President		Signature 		Date 07/16/2012			

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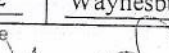
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/16/2012		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club	
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 1655 US HWY 9		City, State, Zip Code Old Bridge, NJ 08857	
Name of Contact Bernadette Poppel		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Apartment Bldg.		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 & commercial buildings, homes, etc.)	
Street Address 36 A-D Cottonwood Lane		Square Feet 2000 SF	
City (5) Old Bridge,		# of Floors 2	
County (6) Middlesex		Bldg. Age 60+	
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. _____	
Street Address _____		Name of Abatement Contractor (9) DIA General Construction, Inc.	
City, State, Zip Code _____		Street Address 1360 Clifton, Avenue, PMB Suite 218	
Project Manager for Monitoring Firm _____		City, State, Zip Code Clifton, NJ 07012	
Telephone No. _____		Telephone No. 973-389-0089	
Start Date (10) 07/26/2012		License No. 00693	
Scheduled Completion Date (11) 07/31/2012		Name of OSHA Monitor DIA General Construction, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Clifton, NJ 07012			
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	
		Removal Repair Encapsulate Enclosure	
Crawl Space		Yes No N/A X Pipe/Elbow Insulation 200 LF X	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	
City, State New Castle, DE		Cubic Yards of Waste 10	
Completed By Krutarth Jagad		Name of Registered Landfill Minerva Landfill	
Title President		Disposal Date 07/31/2012	
Signature 		City, State Waynesburg, OH 44688	
Date 07/16/2012			

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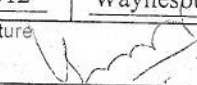
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 07/16/2012		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club					
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 1655 US HWY 9		City, State, Zip Code Old Bridge, NJ 08857					
Name of Contact Bernadette Poppel		Telephone Number ASBESTOS					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.		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 & commercial buildings, homes, etc.)					
Street Address 29 Peach Lane		Square Feet 2000 SF					
City (5) Old Bridge,		# of Floors 2					
County (6) Middlesex		Bldg. Age 60+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments Bldg.					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) DIA General Construction, Inc.					
City, State, Zip Code		Street Address 1360 Clifton, Avenue, PMB Suite 218					
Project Manager for Monitoring Firm		City, State, Zip Code Clifton, NJ 07012					
Telephone No.		Telephone No. 973-389-0089					
Start Date (10) 07/26/2012		License No. 00693					
Scheduled Completion Date (11) 07/31/2012		Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code Clifton, NJ 07012					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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) 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			
				Removal	Repair	Encapsulate	Enclosure
Crawl Space	X	Pipe/Elbow Insulation	200 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 07/31/2012	City, State Waynesburg, OH 44688				
Completed By Krutarth Jagad	Title President	Signature 			Date 07/16/2012		

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• Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 07/16/2012		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club					
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 1655 US HWY 9		City, State, Zip Code Old Bridge, NJ 08857					
Name of Contact Bernadette Poppel		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.		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 & commercial buildings, homes, etc.)					
Street Address 31 Peach Lane		Square Feet 2000 SF					
City (5) Old Bridge,		# of Floors 2					
County (6) Middlesex		Bldg. Age 60+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartments Bldg.					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) DIA General Construction, Inc.					
City, State, Zip Code _____		Street Address 1360 Clifton, Avenue, PMB Suite 218					
Project Manager for Monitoring Firm _____		City, State, Zip Code Clifton, NJ 07012					
Telephone No. _____		Telephone No. 973-389-0089					
Start Date (10) 07/26/2012		License No. 00693					
Scheduled Completion Date (11) 07/31/2012		Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Clifton, NJ 07012					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Crawl Space		X	Pipe/Elbow Insulation	200 LF	X		
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 07/31/2012		City, State Waynesburg, OH 44688			
Completed By Krutarth Jagad		Title President	Signature 		Date 07/16/2012		

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

Check # 2709

Date of Notification (1) 6 / 15 / 2012		Name of Building Owner / Operator (2) paramus chrysler jeep dodge	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 314 route 4 west		City, State, Zip Code paramus nj 07652	
Name of Contact melisa michaels		Telephone Number	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) paramus chrysler jeep dodge		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 314 route 4 west			
City (5) paramus	County (6) bergen	County Code (7)	Building Age 20+
Square Feet 10,000		# Of Floors 1	
Current Use (Prior if being demolished) car dealer			
Name of Monitoring Firm Hired by Bldg. Owner (8) gza		ASCM NO	
Street Address 55 lane rd		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
City, State, Zip Code fairfield nj 07004		Street Address 462 Getty Avenue	
Project Mngr. For Monitoring Firm ben sallemi		City, State, Zip Code Clifton, NJ 07011	
Telephone Number 973 2487816		Telephone Number 973-772-3660	
Sched. Start Date (10) 7 / 30 / 12		License Number 00117	
Sched. Completion Date (11) 8 / 30 / 12			
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8am to 4 pm <input type="checkbox"/> Other - Describe:		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

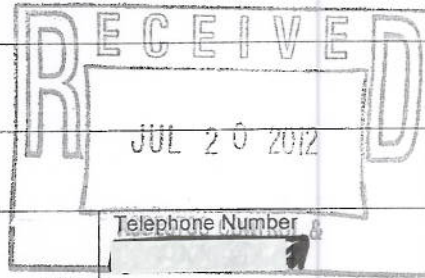
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
roof level	<input checked="" type="checkbox"/>	duct tar paper	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
roof level	<input checked="" type="checkbox"/>	pitch pockets	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 BETHLAHEM, PA 18015		
Completed by (Print or Type) PAUL MAST		Title VICE PRESIDENT	Signature <i>Paul Mast</i>		Date 07/19/12

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

Check # 6810

Date of Notification (1) 7/17/12		Name of Building Owner/Operator (2) Mr. Stern	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 16 Bradford Rd.	
		City, State, Zip Code Edison, NJ 08820	
		Name of Contact GC: Steven Lasker	
		Telephone Number 7	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 16 Bradford Road			Square Feet 2000	# of Floors 2	Bldg. Age 50
City (5) Edison	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence		
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address			Street Address 3 Lynn Court		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 7/27/12	Sched. Completion Date (11) 8/4/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: Partially vacated			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> 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			R	R	E	E
Basement			X	VAT	650 SF	X			

Name of Registered Waste Hauler Jupiter Env. Svc.		NJDEP Waste Hauler ID No. 04783	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 8/10/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 7/17/12

1397

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

Date of Notification (1) <u>07/10/12</u>		Name of Building Owner/operator (2) <u>Brielle School District</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>605 Union Lane</u>							
		City, State, Zip Code <u>Brielle, NJ 08730</u>							
		Name of Contact <u>Edward McManus</u>							
		Telephone Number <u>ASBESTOS LICENSE</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Brielle Elementary School</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>605 Union Lane</u>		Square Feet	# of Floors						
City (5) <u>Brielle</u>		Bldg. Age							
County (6) <u>Monmouth County</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>AHERA Consultants, Inc</u>		Name of Abatement Contractor (9) <u>Nick Restoration LLC</u>							
Street Address <u>PO Box 385</u>		Street Address <u>72 Brookside Rd</u>							
City, State, Zip Code <u>Oceanville, NJ 08231</u>		City, State, Zip Code <u>Randolph, NJ 07869</u>							
Project Manager for Monitoring Firm <u>John Smoyer</u>	Telephone No. <u>609-652-1833</u>	Telephone No. <u>973 933-2550</u>	License No. <u>001133</u>						
Start Date (10) <u>07/13/2012</u>	Scheduled Completion Date (11) <u>07/16/2012</u>	Name of OSHA Monitor <u>J&S Environmental</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: <u>3.30pm-11.30 pm</u>		Street Address <u>2333 Rt 22 W</u>							
		City, State, Zip Code <u>Union, NJ 07083</u>							
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
boy's& girl's restrooms		X		TSI-	36 LF	X			
boy's& girl's restrooms		X		Fittings	7	X			
Name of Registered Waste Hauler <u>Nick Restoration LLC</u>		NJDEP Waste Hauler ID No. <u>0033782</u>	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>G.R.O.W.S</u>					
City, State <u>Randolph, NJ 07869</u>		Disposal Date <u>TBD</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Elvira Mrda</u>		Title <u>President</u>	Signature <u>[Signature]</u>			Date <u>07/10/2012</u>			

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


Date of Notification (1) 07/13/12		Name of Building Owner/operator (2) Union Township BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 165 Perrville Road	
		City, State, Zip Code Hampton, NJ 08827	
		Name of Contact Amy Barkman	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Union Township Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 165 Perrville Road		Square Feet	# of Floors
City (5) Hampton, NJ 08827		Bldg. Age	
County (6) Hunterdon County	County Code (7) (STATE USE ONLY)	Current Use (Prior If being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC
Street Address PO Box 385		Street Address 72 Brookside Rd	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Randolph, NJ 07869	
Project Manager for Monitoring Firm John Smoyer	Telephone No. 609-652-1833	Telephone No. 973 933-2550	License No. 001133
Start Date (10) 07/17/2012	Scheduled Completion Date (11) 07/19/2012	Name of OSHA Monitor J&S Environmental	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Rt 22 W	
		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"/> 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) 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)
	Yes	No	
Boiler Room -pipe chase		X	TSI wrap and cure
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD
City, State Randolph, NJ 07869		Name of Registered Landfill G.R.O.W.S	
		Disposal Date TBD	City, State Tullytown, PA
Completed By Elvira Mrda	Title President	Signature <i>[Signature]</i>	Date 07/13/2012

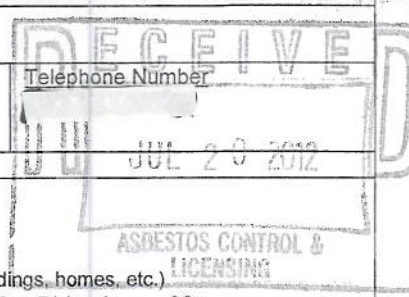
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

REC-77 25 00

GAC Project # 060-12

Client Project #

<u>Date of Notification (1)</u> July 17, 2012		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> GREG LUPINSKI, ENV. HEALTH & SAFETY	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> BLAKE HALL, BLDG# 6005		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> COOK CAMPUS		<u>Sq. Feet: N/A</u> <u># of Floors: 2</u> <u>Bldg. Age: 60+ years</u>	
<u>City (5)</u> NEW BRUNSWICK	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> ACADEMIC
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 07/27/12	<u>Scheduled Completion Date (11)</u> 08/01/12	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Shift Hours: 5:00 PM - 5:00 AM DAILY		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u>			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Room 244	<input checked="" type="checkbox"/>	VAT	3400 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 25 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> 08/1/12	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509			
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> 	<u>Date</u> July 17, 2012



REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60 and 5-15)

Emergency Notification

MO# 20142484121

Date of Notification (1)

07 / 16 / 12

Agencies Notified

- ☒ EPA
☒ NJLWD
☒ DHSS
☐ DCA
(NJAC 5-23-5)

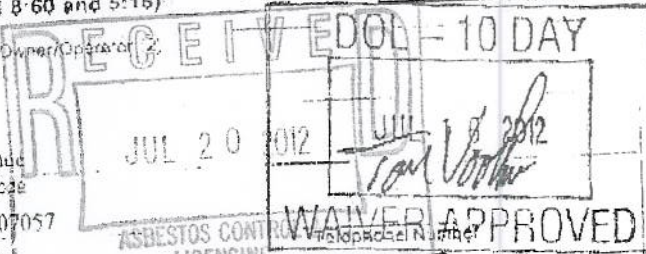
Type Notification

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

Name of Building Owner/Operator

Ryan Moglia
Street Address

143 Maple Avenue
City State Zip Code
Wallington, NJ 07057
Name of Contact
Ryan Moglia



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home
Street Address

143 Maple Avenue
City (5)
Wallington, NJ 07057
County (6)
Bergen

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private and commercial buildings, homes, etc.)

Square Feet # of Floors Bldg Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No

Name of Abatement Contractor (9)

Street Address

Gr Tech LLC

City State Zip Code

Street Address
576 Valley Rd #283
City State Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No

Telephone No

License No

973-638-1777

01127

Start Date (10)

07 / 17 / 12

Scheduled Completion Date (11)

07 / 19 / 12

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

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagarew Road, Bldg # 34A
City State Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

- ☐ < 3 sf or < 3 ft
☒ > 160 sf or > 250 ft

- ☒ Renovation
☐ Demolition

- ☒ DECONTAMINATION USING WET WIPE
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

HEPA VAC. &
NEGATIVE PRESSURE

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility
(15)

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 S/F or L/F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decontamination using wet, wipe,	400 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEPA vacuuming		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	under negative pressure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Handler

NEEP Waste Handler No

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC
City State

0033785

TBD

T.R.R.F., Inc

Disposal Date

City State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N Jevtic

Owner

Heather Senad

07/16/2012

Do not use this form for asbestos in non-exempted activities

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

Date of Notification (1) 7/17/12		Name of Building Owner/Operator (2) Jackie More		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUL 20 2012 ASBESTOS CONTROL & ABATEMENT </div>
Agencies Notified	Type Notification	Street Address 87 Cumberland Ave.		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Verona, NJ 07044		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jackie More		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation			
<input type="checkbox"/> DCA				

FACILITY INFORMATION

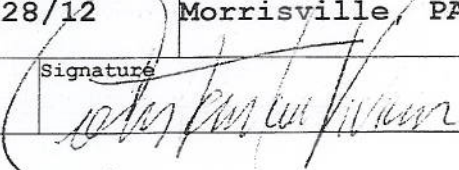
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 87 Cumberland Ave.			Square Feet 1500		
City (5) Verona			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 90		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address				Street Address 86 Christopher St.	
City, State, Zip Code				City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A		Telephone Number (973) 744-8800	
				License Number 00371	
Scheduled Start Date (10) 7/26/12		Sched. Completion Date (11) 7/27/12		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one)				Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement					
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				City, State, Zip Code	
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

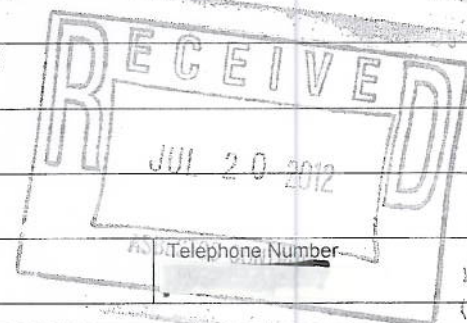
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	85 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7/28/12		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Date 7/17/12	
		Signature 			

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



Date of Notification (1) 7/12/2012		Name of Building Owner/Operator (2) Yecenia De torrice							
Agencies Notified	Type Notification	Street Address 50n Parker Street							
<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 Dover NJ							
		Name of Contact Yecenia De torrice							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 50 Parker Ave Dover NJ		Square Feet	# of Floors						
City (5) Dover NJ		Bldg. Age							
County (6) Ocean County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address n/a		Street Address 567-52nd street suite #16							
City, State, Zip Code N/A.		City, State, Zip Code West New York NJ							
Project Manager for Monitoring Firm N/A		Telephone No. N/a	License No. 001144						
Start Date (10) .7/24/2012	Scheduled Completion Date (11) 7/26/2012	Name of OSHA Monitor J&S Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 hours		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	50LF	x			
Name of Registered Waste Hauler DJM		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste	Name of Registered Landfill Cumberland					
City, State 109-113 Jacobus Ave			Disposal Date	City, State South Kearny NJ					
Completed by Edwin Precilla		Title Project manager	Signature <i>Edwin Precilla</i>	Date 7-12-2012					

No check

REMEMBER - MAIL IN HARD COPY

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

RECEIVED
JUL 10 2012

Date of Notification (1) 7-6-12		Name of Building Owner/Operator (2) Suede promotions llc		<p>ASBESTOS CONTROL - 10 DAY</p> <p>11/11/11</p> <p>JUL - 9 2012</p> <p>Telephone Number</p> <p>WAITING APPROVED</p>	
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 checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address 8114 Kennedy Blvd City, State, Zip Code Union City, NJ 07087 Name of Contact Joe Bolowski	
Name of Facility Where Abatement is Taking Place (3) Old Warehouse Street Address 551 40th Street City (5) Union City County (6) Hudson			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Old Warehouse		
Name of Monitoring Firm Hired by Building Owner (8) Atak Remediation Services Street Address 2725 Salmon Street City, State, Zip Code Philadelphia, PA 19134		ASCEM NO. Name of Abatement Contractor (9) Atak Remediation Services Street Address 2725 Salmon Street City, State, Zip Code Philadelphia, PA 19134		Telephone No. 215 766 2282 License No. 01167	
Start Date (10) 07/10/2012		Scheduled Completion Date (11) 07-10-2012		Name of OSHA Monitor Street Address City, State, Zip Code	
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"/> ≤ 3 of or ≤ 3 if <input checked="" type="checkbox"/> ≥ 160 of or ≥ 200 if <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloved Procedure <input type="checkbox"/> Non-Enclosed (?) and Non-Finish Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Throughout		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x		Description of Asbestos-Containing Material (ACM): (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Building Debris	
Amount (Specify SF or LF) 800 cy		Abatement Type Removal Repair Encapsulation Enclosure x		Name of Registered Waste Hauler Weigle Trucking Company City, State Linden, PA	
NJDEP Waste Hauler ID No. SW2012		Cubic Yards of Waste 800		Name of Registered Landfill Minerva Enterprises City, State Waynesburg, OH	
Disposal Date 07/10/2012		Signature Thomas Rock		Date 07/09/2012	
Completed by Thomas Rock		Title Project Manager			

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

Date of Notification (1) 7/13/2012		CHECK #2264		Name of Building Owner/Operator (2) Jackie Krohn					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUL 20 2012 ASBESTOS </div>					
Street Address 19 Hoffman Street				City, State, Zip Code Maplewood, NJ					
Name of Contact Jackie Krohn				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jackie Krohn Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 19 Hoffman Street				Square Feet 1600	# of Floors 2				
City (5) Maplewood, NJ				Bldg. Age 50+					
County (6) ESSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 7/27/2012		Scheduled Completion Date (11) 7/28/2012		Name of OSHA Monitor EA Services Corporation					
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: 7:00 AM - 3:30 PM				Street Address same as above					
				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 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
Basement:Boiler/Laundry Room		x		Elbows, debris clean-up	4 LF	x			
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management				
City, State PO BOX 5010				Disposal Date tbd	City, State TullyTown Landfill				
Completed by Gina Salvador		Title Office Manager		Signature <i>Gina Salvador</i>			Date 7/13/2012		

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



Date of Notification (1) 7-19-12		Name of Building Owner/Operator (2) Chad Doria								
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 6 Rockhill Drive							
			City, State, Zip Code Livingston NJ 07039							
			Name of Contact Chad Doria							
			Telephone Number [REDACTED]							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 6 Rockhill Drive										
City (5) Livingston NJ 07039		Square Feet 2	# of Floors 60+-							
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies							
Street Address P.O. Box 337		Street Address P.O. Box 337								
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533								
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394							
Start Date (10) 7-31-12		Scheduled Completion Date (11) 7-31-12								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies								
		Street Address P.O. Box 337								
		City, State, Zip Code New Egypt NJ 08533								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1st floor Area		x		Floor Tile	700 SF	x				
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management						
City, State NE NJ		Disposal Date 8-1-12		City, State Monroeville PA						
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 7-19-12				