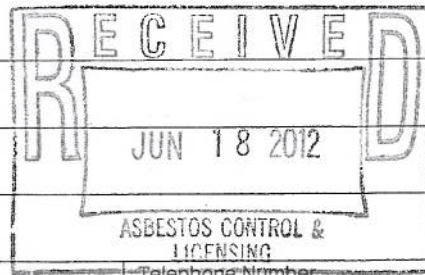


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 6/12/12		Name of Building Owner/Operator (2) Hoffmann-LaRoche							
Agencies Notified	Type Notification	Street Address 340 kingsland Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ 07110							
		Name of Contact Matt Bosco							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 102		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		Square Feet	# of Floors 5						
City (5)		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) labs & offices							
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) Pow/r/Save Inc						
Street Address 655 W. Shore Trail		Street Address 27 West Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No. (973) 729-5649	Telephone No. (973) 680-0088						
		License No. 357							
Start Date (10) 6/27/12 **subject to other trades	Scheduled Completion Date (11) 9/30/12 **subject to other trades	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 am to 2:30 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
4th floor various rooms		X		VAT/mastic	200 sf	X			
4th floor		X		fittings	90@	X			
penthouse C wing	X			fittings	60@	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 304597		Cubic Yards of Waste	Name of Registered Landfill Tullytown & Grand Central				
City, State Morrisville PA				Disposal Date	City, State Tullyton PA or Pen Argyl PA				
Completed by Sharon Hendee		Title sec/treas		Signature <i>S/Hendee</i>	Date 6/12/12				



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

Date of Notification (1) 6/13/2012		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 2000 FRANK E. RODGERS BLVD.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HARRISON, NJ 07029	
		Name of Contact JOHN FILLMAN	Telephone Number _____

**RECEIVED**  
 JUN 18 2012  
 ASBESTOS CONTROL

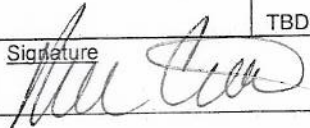
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)	
Street Address 410 SILVERLAKE AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) EDISON	Square Feet APPX. 5900	# of Floors 2	Bldg. Age APX 62 YRS
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) M & R "A" BLDG.	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350 License No. 01111
Start Date (10) 6/27/2012	Scheduled Completion Date (11) 7/18/2012	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.	
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code SOUTH RIVER, NJ. 08882	
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 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
TRADERS ROOM, HALL,		X		PIPE INSULATION	310 LF	X			
BATHROOM									

Name of Registered Waste Hauler WASTE MANAGEMENT	NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS
City, State ELIZABETH, NJ		Disposal Date 7/19/2012	City, State MORRISVILLE, PA
Completed by CAROL RAIMO	Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 6/13/2012



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

Date of Notification (1) <b>6/11/2012</b>		Name of Building Owner/Operator (2) <b>MATRIX DEVELOPMENT GROUP</b>	
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		Notification Type (x) Initial Notification ( ) Amended Notification Amendment # <u>1</u> ( ) Emergency (including justification) ( ) Cancellation	
Street Address <b>3 CENTER DRIVE, MONROE TOWNSHIP</b> City, State, Zip Code <b>CRANBURY, NJ 08831</b>		Name of Contact <b>RICHARD JOHNSON</b> Tel Number <b>ASBESTOS CONTROL &amp; TESTING</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>UNIT "G"</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>259 PROSPECT PLAINS RD</b>		Sq. Feet <u>4,000</u> # of Floors <u>1</u>	
City (5) <b>CRANBURY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Bldg. Age <u>50</u> Current Use (prior if being demolished) <u>VACANT</u> <u>X</u>
Name of Monitoring Firm <b>HILLMAN CONSULTING, LLC</b>		ASCM No.	Name of Contractor (9) <b>Alliance Environmental Systems</b>
Street Address <b>1600 RT 22 SUITE 107</b>		Street Address <b>550 East Union Street</b>	
City, State, Zip Code <b>UNION, NJ 07083</b>		City, State, Zip Code <b>West Chester, PA 19382</b>	
Project Manager for Monitoring Firm <b>MICHAEL NEHLSSEN</b>	Telephone Number <b>9086887800</b>	Telephone Number <b>610-701-9000</b>	License Number <b>00508</b>
Scheduled Start Date (10) <b>06/25/12</b>	Scheduled Completion Date (11) <b>06/29/2012</b>	Name of OSHA Monitor <b>HILLMAN CONSULTING, LLC</b>	
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 - _____		Street Address <b>1600 RT 22 SUITE 107</b> City, State, Zip Code <b>UNION NJ 07083</b>	
Source of Work (Check all that apply) ( ) Demolition ( ) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
THROUGHOUT	X	Vat & mastic	2400 SF
THROUGHOUT	X	TRANSITE FLOOR MASTIC	200 SF
THROUGHOUT	X	FITTINGS PIPE INSULATION	50 EA
	X		50 LF
Name of Reg. Waste Hauler <b>N.E.T.S. / Miners</b>		NJDEP Waste Hauler ID # <b>17235</b>	Cubic Yards of Waste <b>Approx. 5</b>
City, State <b>Hazleton, PA</b>		Disp. Date <b>TBD</b>	Name of Reg. Landfill <b>BFI Imperial</b>
City, State <b>Imperial, PA</b>		Signature 	
Completed by (Print or Type) <b>Robert Casciato</b>		Title <b>President</b>	Date <b>6/11/12</b>

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

Telephone 609-984-6620

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

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

<u>Date of Notification (1)</u>  <p align="center"><b>6/4/2012</b></p>		<u>Name of Building Owner/Operator (2)</u> <p align="center"><b>HARRISON TOWNSHIP SCHOOL DISTRICT</b></p>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>Street Address</u> <p><b>120 N MAIN STREET</b></p> <u>City, State, Zip Code</u> <p><b>MULLICA HILL, NJ</b></p>	
		<u>Name of Contact</u> <p><b>ROB SCHARLE</b></p>	<u>Tel. Number</u> 

FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p><b>HARRISON TOWNSHIP ELEMENTARY SCHOOL</b></p>		<u>Type of Facility (4)</u> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> <p><b>120 N MAIN STREET</b></p>		<u>Sq. Feet</u> <b>15000</b> <u># of Floors</u> <b>1</b>	
<u>City (5)</u> <p><b>MULLICA HILL</b></p>	<u>County (6)</u> <p><b>GLOUCESTER</b></p>	<u>Bldg. Age</u> <b>30+</b> <u>Current Use (prior if being demolished)</u> <b>RETAIL</b>	
<u>County Code (7)</u> (State Use Only)		<u>Name of Contractor (9)</u> <p><b>Alliance Environmental Systems</b></p>	
<u>Name of Monitoring Firm</u> <p><b>VERTEX, INC</b></p>		<u>Street Address</u> <p><b>550 East Union Street</b></p>	
<u>Street Address</u> <p><b>700 TURNER WAY, SUITE 105</b></p>		<u>City, State, Zip Code</u> <p><b>West Chester, PA 19382</b></p>	
<u>City, State, Zip Code</u> <p><b>ASTON, PA 19014</b></p>		<u>Telephone Number</u> <p><b>610-701-9000</b></p>	<u>License Number</u> <p><b>00508</b></p>
<u>Project Manager for Monitoring Firm</u> <p><b>DON HEIM</b></p>		<u>Scheduled Start Date (10)</u> <p><b>6/15/2012</b></p>	
<u>Telephone Number</u> <p><b>6105588902</b></p>		<u>Scheduled Completion Date (11)</u> <p><b>6/15/2012</b></p>	
<u>Name of OSHA Monitor</u> <p><b>VERTEX, INC</b></p>		<u>Street Address</u> <p><b>700 TURNER WAY, SUITE 105</b></p>	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		<u>City, State, Zip Code</u> <p><b>ASTON, PA 19014</b></p>	
Describe _____ Other - _____			

Source of Work (Check all that apply)  
☐ Demolition    ☐ Renovation  
☐ 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)  
☐ 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
<b>UNDER STAGE</b>	<b>x</b>	<b>Loose floor tile peices</b>	<b>20 sf</b>	<b>x</b>

<u>Name of Reg. Waste Hauler</u> <p><b>NA</b></p>	<u>NJDEP Waste Hauler ID #</u> 	<u>Cubic Yards of Waste</u> 	<u>Name of Reg. Landfill</u> 
<u>City, State</u> 		<u>Disp. Date</u> 	<u>City, State</u> 

<u>Completed by (Print or Type)</u> <p><b>DEVIN BLOM</b></p>	<u>Title</u> <p><b>Estimator</b></p>	<u>Signature</u> 	<u>Date</u> <p><b>6/4/2012</b></p>
---	---	----------------------	---------------------------------------

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

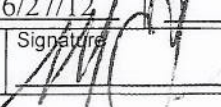
Telephone 609-984-6620

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



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

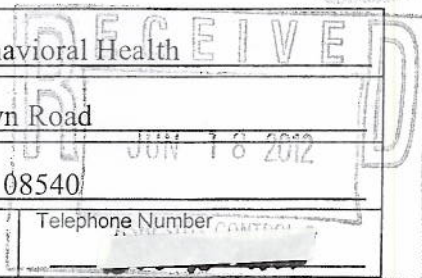
STEVENS ENVIRONMENTAL  
SERVICES INC.  
CHECK # 24831

Date of Notification (1) <u>6/13/12</u>		Name of Building Owner/Operator (2) <u>Jon Dunham</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>109 Homestead Ave.</u> City, State, Zip Code <u>Haddonfield, NJ 08033</u>							
		Name of Contact <u>Jon Dunham</u>	Telephone Number <u>609-298-4070</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>109 Homestead Ave.</u>		Square Feet	# of Floors						
City (5) <u>Haddonfield</u>		Bldg. Age							
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>6/26/12</u>	Scheduled Completion Date (11) <u>6/27/12</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM- 4:30PM</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>basement/1st floor</u>			<u>X</u>	<u>duct insulation</u>	<u>12 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/27/12</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/13/12</u>						



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

STEVENS ENVIRONMENTAL  
SERVICES INC  
Check # 24835



Date of Notification (1) <u>6/13/12</u>			Name of Building Owner/Operator (2) <u>Princeton House Behavioral Health</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>905 Herrontown Road</u>					
				City, State, Zip Code <u>Princeton, NJ 08540</u>					
			Name of Contact <u>Gerry Lubus</u>		Telephone Number <u>[REDACTED]</u>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Princeton House Behavioral Health</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>905 Herrontown Road</u>				Square Feet <u>                    </u>					
City (5) <u>Princeton</u>				# of Floors <u>                    </u>					
County (6) <u>Mercer</u>				Bldg. Age <u>                    </u>					
County Code (7) (STATE USE ONLY) <u>                    </u>		Current Use (Prior if being demolished) <u>hospital</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. <u>                    </u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>					
Start Date (10) <u>7/2/12</u>		Scheduled Completion Date (11) <u>7/27/12</u>		License No. <u>00493</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>				Name of OSHA Monitor <u>MECS</u>					
				Street Address <u>PO Box 341</u>					
				City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure					
		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Mini-Enclosure					
		<input type="checkbox"/> Demolition		<input checked="" 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) <div>Yes   No   N/A</div>		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
<u>Dining Room</u>		<input checked="" type="checkbox"/>		<u>VAT/mastic</u>	<u>1000 SF</u>	<input checked="" type="checkbox"/>			
<u>Kitchen Storage</u>		<input checked="" type="checkbox"/>		<u>VAT/mastic</u>	<u>730 SF</u>	<input checked="" type="checkbox"/>			
<u>Exterior - Dining Room</u>		<input checked="" type="checkbox"/>		<u>window/door caulk</u>	<u>210 LF</u>	<input checked="" type="checkbox"/>			
<u>Dining/Kitchen Area</u>		<input checked="" type="checkbox"/>		<u>fittings</u>	<u>60 fittings</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>20 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/27/12</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>6/13/12</u>			



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

D&S Proj. #: MS 12-220

Date of Notification (1) 10/16/11 11/1/11 12/1/11		Name of Building Owner/Operator (2) DOUG LINBERG	
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 39 MYRTLE AVENUE		City, State, Zip Code CEDAR GROVE, NJ	
Name of Contact DOUG LINBERG		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DOUG LINBERG			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 39 MYRTLE AVENUE			Square Feet		
City (5) CEDAR GROVE			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			Bldg. Age		

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	
Start Date (10) 06/21/12		Sched. Completion Date (11) 06/21/12		License Number 01169	
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 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	100 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 06/28/12		City, State TULLYTOWN, PA		Date 06/11/12	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			

\* 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)

Date of Notification (1) 10/16/11 11/11/12		Name of Building Owner/Operator (2) JOY VANDERBERG	
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 30 WESTMORELAND AVENUE		City, State, Zip Code MONTVALE, NJ	
Name of Contact JOY VANDERBERG		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOY VANDERBERG			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 30 WESTMORELAND AVENUE			Square Feet		
City (5) MONTVALE			# of Floors		
County (6) BERGEN			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 06/23/12		Sched. Completion Date (11) 06/22/12		License Number 01169	
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 n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	130 L FT	X			
BASEMENT CHIMNEY		X		CHIMNEY THIMBLE PACKING	2 SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/25/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 06/11/12	



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

Date of Notification (1) 06/14/2012		Name of Building Owner/Operator (2) Princeton University							
Agencies Notified	Type Notification	Street Address E.A. MacMillan Building							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortega							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) 120 Prospect Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 120 Prospect Avenue		Square Feet 60,000	# of Floors 3						
City (5) Princeton,		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Faculty Residence							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates, Inc.		ASCM No. 00098	Name of Abatement Contractor (9) Luzon, Inc.						
Street Address 3 Terri Lane		Street Address 8451 Executive Avenue							
City, State, Zip Code Burlington NJ 08016		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609 386 8800	Telephone No. 267 284 1050						
License No. 01109									
Start Date (10) 06/18/2012	Scheduled Completion Date (11) 06/28/2012	Name of OSHA Monitor Joseph Maronski							
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: work area isolated - working from 9 am to 9 pm		Street Address 8451 Executive Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
East Basement Area Incinerator		x		TSI in Incinerator	150 SF	x		x	
						x		x	
Name of Registered Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20 CY	Name of Registered Landfill Growes Landfill					
City, State Tullytown, PA			Disposal Date 06/29/2012	City, State Tullytown, PA					
Completed by Piyush Patel		Title Program Manager	Signature <i>Piyush Patel</i>	Date 06/14/12					



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

Check No. N/A

Date of Notification (1) <b>May 16, 2012</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Port Newark Marine terminal</b>	
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>274 Kellogg Street</b> City, State, Zip Code <b>Port Newark, NJ 07114</b> Name of Contact <b>Uday Mehta</b> Telephone Number 	

**RECEIVED**  
 JUN 18 2012  
 ASBESTOS CONTROL & ABATEMENT

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Port Elizabeth</b>		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 <b>Manhole in Parking Lot west of 138 Corbin Street</b>			
City (5) <b>Newark, NJ 07114</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>n/a</b>
Current Use (Prior if being demolished) <b>Abandon meter pit</b>			

Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>	
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>		
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>		
Project Manager for Monitoring Firm <b>Uday Mehta</b>	Telephone No. <b>201-595-4881</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>	
Start Date (10) <b>May 29, 2012</b>	Scheduled Completion Date (11) <b>July 31, 2012</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>464 Valley Brook Avenue</b>		
		City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>		

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

Location of Asbestos-Containing Material (ACM) 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
Manhole/trench in Parking Lot west of 138 Corbin Street			X	pipe lagging	8 In fl	X		

Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19555</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>	
City, State <b>Bronx, NY</b>		Disposal Date <b>6/30/12</b>	City, State <b>Waynesburg, OH</b>		
Completed by <b>G. Roger Woodman</b>	Title <b>Office Manager</b>	Signature 		Date <b>6/15/2012</b>	



## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 14, 2012		Name of Building Owner/Operator (2) Harout Dermenjian	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address 2249 Bridge Avenue City, State, Zip Code Point Pleasant, NJ 08742	
		Name of Contact Harout Dermenjian	Telephone Number ASBESTOS CONTROL & REMEDIATION

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial retail space			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2249 Bridge Avenue			Square feet 3,000 sf		
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Commercial retail space					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 6/15/12		Scheduled Completion Date (11) 6/18/12			
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other -- Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ x ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] 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			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Hallway		X		Asbestos floor tile cleanup	177 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 1	Name of Registered Lardfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 6/19/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 6/14/2012		

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



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

Date of Notification (1) <div style="text-align: center;">June 14, 2012</div>		Name of Building Owner/Operator (2) Padula Builders, Inc.	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1035 Hooper Avenue, Suite 3	Toms River, NJ 08753
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Cindy	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 820 Ramapo Way			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City Westfield			County (6) Union		
			County Code (7) (STATE USE ONLY)		
Square feet 4000 sf			# of Floors 2		Bldg. Age 60
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			ASCM No.		
Street Address 1889 Rte. 9, Unit 61			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code Toms River, NJ 08755			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number 732-349-9932		Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 6/15/12		Scheduled Completion Date (11) 6/18/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			Scope of Work (Check all that apply)		
			<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	300 lf	X			
Basement		X		Asbestos duct insulation	250 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 6/19/12		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 6/14/12		

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



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

Date of Notification (1) <b>June 13, 2012</b>		Name of Building Owner/Operator (2) <b>Disantis Contracting, LLC</b>	
Agencies Notified	Type of Notification	Street Address	RECEIVED JUN 18 2012
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>313 Halyard Road</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency (including justification)	<b>Ortley Beach, NJ 08751</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Frank Disantis</b>	

**FACILITY INFORMATION**

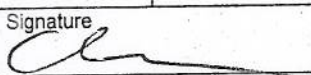
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address <b>1862 Starboard Court</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City <b>Toms River</b>			Square feet <b>1500 sf</b>		
			# of Floors <b>1</b>		
County (6) <b>Ocean</b>			Bldg. Age <b>60</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>6/26/12</b>		Scheduled Completion Date (11) <b>6/27/12</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1150 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>6/28/12</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature <i>Nicholas Fernicola</i>				Date <b>6/13/2012</b>	

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



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

Date of Notification (1) 6/13/12		Name of Building Owner/Operator (2) Cheryl A Saffer /Residence		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  JUN 18 2012  ASBESTOS </div>					
Agencies Notified		Type Notification				Street Address 824 Springfield Ave			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Cranford NJ 07016			
						Name of Contact Cheryl			
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cheryl A Saffer /Residence				Type of Facility (4)					
Street Address 824 Springfield Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Cranford NJ 07016				Square Feet 1000+	# of Floors 1.5				
				Bldg. Age 35+					
County (6) union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 6/25/12		Scheduled Completion Date (11) 6/29/12		Name of OSHA Monitor Pernaco Inc					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 329					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code West Berlin NJ 08091					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 6/29/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/13/12		



NY Dept. of Health & Senior Services  
Paul C. Holman  
 (Signature)  
 Date: 6/13/12 Time: 8:00AM

Check # 7919

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

Date of Notification (1) <u>6/13/12</u>		Name of Building Owner/Operator (2) <u>DATER RAZA REALTY CO. INC.</u>							
Agencies Notified	Type Notification	Street Address <u>3 STATION PLAZA</u>							
<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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>RAMSEY NJ 07446</u>							
		Name of Contact <u>CHARL</u>							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>DATER PLAZA</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <u>3 STATION PLAZA</u>		Square Feet <u>6,000</u>	# of Floors <u>1</u>						
City (5) <u>RAMSEY</u>		Bldg. Age <u>56</u>							
County (6) <u>BERGEN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>STORE</u>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
City, State, Zip Code		Street Address <u>105 Lowell Road</u>							
Project Manager for Monitoring Firm		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>							
Telephone No.		Telephone No. <u>201-262-5641</u>	License No. <u>00156</u>						
Start Date (10) <u>6/13/12</u>	Scheduled Completion Date (11) <u>6/15/12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>							
		City, State, Zip Code <u>Hackensack, NJ 07606</u>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>390 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>STORE MAIN FLOOR</u>			<u>X</u>	<u>TILE</u>	<u>390 SF</u>	<u>X</u>			
<u>" " "</u>			<u>X</u>	<u>PIPE</u>	<u>8 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>6/13/12</u>		City, State <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>[Signature]</u>		Date <u>6/13/12</u>				



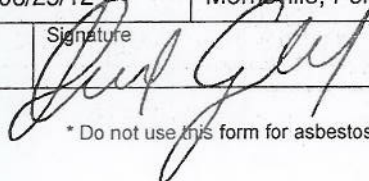
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) <b>6-12-2012</b> <b>Ch# 2240</b>		Name of Building Owner/Operator (2) <b>St. Anastasia Church</b>							
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1095 Teaneck Road</b>  City, State, Zip Code <b>Teaneck, NJ 07666</b>  Name of Contact <b>Rev. Father O'Neill</b>  Telephone Number _____						
	<div style="text-align: right; border: 1px solid black; padding: 2px;"> <b>RECEIVED</b>  <b>JUN 18 2012</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>								
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>St. Anastasia Church</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1095 Teaneck Road</b>		Square Feet <b>60,000</b>	# of Floors <b>2</b>						
City (5) <b>Teaneck, NJ 07666</b>		Bldg. Age <b>65+</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Church</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>EA SERVICES CORP.</b>						
Street Address		Street Address <b>426 69th street</b>							
City, State, Zip Code		City, State, Zip Code <b>Guttenberg NJ 07093</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-295-1700</b>	License No. <b>01074</b>						
Start Date (10) <b>6/12/12</b>	Scheduled Completion Date (11) <b>6/13/2012</b>	Name of OSHA Monitor <b>EA SERVICES CORP</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>6:00 PM - 6/12/12</b>		Street Address							
		City, State, Zip Code							
<b>Scope of Work (Check All That Apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>		<b>X</b>		<b>Pipe Insulation</b>	<b>30 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Freehold Car ting</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Waste Management</b>					
City, State <b>PO Box 5010</b>		Disposal Date <b>TBD</b>		City, State <b>Tullytown Landfill</b>					
Completed by <b>Gina Salvador</b>		Title <b>Office Manager</b>	Signature <b>[Signature]</b>			Date <b>6/12/12</b>			



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

#1988

Date of Notification (1) 06/13/12		Name of Building Owner/Operator (2) Danckwerth Construction Inc.							
Agencies Notified	Type Notification	Street Address 49 Lake Drive West							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact John Danckwerth	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Orange Street		Square Feet 2,000	# of Floors 2						
City (5) Clifton		Bldg. Age 50+							
County (6) Passaic	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) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 06/23/12	Scheduled Completion Date (11) 06/23/12	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	160 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 06/25/12		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 06/13/12			



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

Date of Notification (1) <b>5/14/12</b>		Name of Building Owner/Operator (2) <b>MESIAN BAPTIST Church</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>13-17 OAK ST</b>	
		City, State, Zip Code <b>EAST ORANGE NJ 07018</b>	
		Name of Contact <b>Ms JACKIE King</b>	Telephone Number <b>908-201-2012</b>

Name of Facility Where Abatement is Taking Place (3) <b>13-17 OAK ST</b>		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.)	
City (5) <b>EAST ORANGE NJ 07018</b>	Square Feet <b>5,000</b>	# of Floors <b>3</b>	Bldg. Age <b>60</b>
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY) <b>01</b>		Current Use (Prior if being demolished) <b>Church</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>NOVATECH INC</b>		ASCH No. <b></b>		Name of Abatement Contractor (9) <b>NOVATECH INC</b>	
Street Address <b>P.O. Box 214</b>		Street Address <b>P.O. Box 214</b>		City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>	
City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>		City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>		Telephone No. <b>732-232-7500</b>	
Project Manager for Monitoring Firm <b></b>		Telephone No. <b></b>		License No. <b>00806</b>	
Start Date (10) <b>6/25/12</b>		Scheduled Completion Date (11) <b>7/25/12</b>		Name of OSHA Monitor <b>NOVATECH INC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <b></b>				Street Address <b>P.O. Box 214</b>	
				City, State, Zip Code <b>OLD BRIDGE NJ 08857</b>	

Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<b>BASEMENT</b>			<b>X</b>	<b>FLOOR TILE 9x9</b>	<b>2,500 SF</b>	<b>X</b>		

Name of Registered Waste Hauler <b>NOVATECH INC</b>		NDEP Waste Hauler ID No. <b>12301</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.C.W.S.</b>	
City, State <b>OLD BRIDGE NJ 08857</b>		Disposal Date <b>7/26/12</b>		City, State <b>ATLANTA GA</b>	
Completed By <b>MARIO AMEIDA</b>		Title <b>PRESIDENT</b>	Signature <i>(Signature)</i>		Date <b>6/14/12</b>

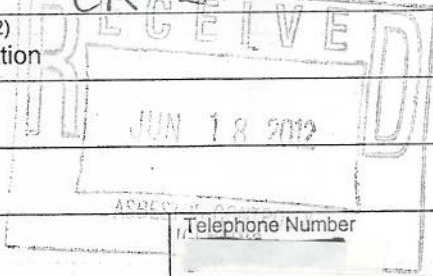


Amended New Completion Date \* Additional Material

Print Form

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

CK 2584



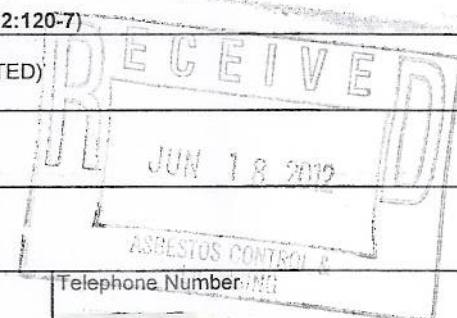
Date of Notification (1) 5/7/12		Name of Building Owner/Operator (2) Pennsauken Board of Education							
Agencies Notified	Type Notification	Street Address 1695 Hylton Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken NJ 08110							
		Name of Contact John C Oberg							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pennsauken Central School		Type of Facility (4)							
Street Address 2300 Merchantville Ave		<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.)							
City (5) Pennsauken NJ 08110		Square Feet 1000+	# of Floors 1+ Bldg. Age 35+						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 232 Kings Highway East		Street Address PO Box 329							
City, State, Zip Code Haddonfield, NJ 08033		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Marco Carulli		Telephone No. 856-795-9595	Telephone No. 856-753-9800 License No. 00727						
Start Date (10) 5/21/12	Scheduled Completion Date (11) 6/27/12	Name of OSHA Monitor Pernaco Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 329							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Hallway 2nd Floor			x	Leveling Compound	4500 SF	x			
Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 2265	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Freehold NJ		Disposal Date 6/27/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/7/12		



ck  
33246

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

Date of Notification 0   6   1   4   1   2			Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification Initial Notification X Amended Cancellation	Street Address 7 WEST SEVENTH STREET		
			City, State, Zip Code CINCINNATI, OHIO 45202		
			Name of Contact KIRIT VORA		Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL			Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) ( X ) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address ROUTE 1			SF of Bldg. 1 MILLION +SF	# Floor 3	Age of Bldg. 50+
City WOODBRIDGE	County UNION	County Code State use Only	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner BUREAU VERITAS NORTH AMERICA INC.		ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 160 FIELDCREST AVENUE			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code EDISON, NJ 08837			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008	License Number 00575	
Scheduled Start Date 6 25 2012		Scheduled Completion Date 7 27 2012	Name of OSHA Monitor EMSL ANALYTICAL		
Month Day Year		Month Day Year	Street Address 307 WEST 38TH STREET		
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours X Describe: 9:00PM TO 6:30AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation		Abatement Method X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure			
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Abatement Type Rem. Rep. Enc. Encl.
Southeast Emergency Stairwell			Sprayon Fireproofing	1600SF	X
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY		Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) TIMOTHY RYAN		Title GENERAL MANAGER	Signature <i>Timothy Ryan</i>		Date 6/14/2012





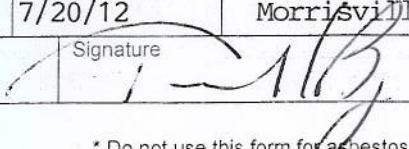
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Check # 8435

Date of Notification (1) <b>6-13-12</b>		Name of Building Owner/Operator (2) <b>State of New Jersey</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED JUN 18 2012 </div>	
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Juvenile Justice Commission, P.O. Box 107</b>  <b>Trenton, NJ 08625</b>			
		City, State, Zip Code <b>Trenton, NJ 08625</b>			
		Name of Contact <b>Mike Preisig</b>		Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Johnstone Campus-Tramburg Unit</b>			Type of Facility (4)		
Street Address <b>West Burlington Street</b>			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>Bordentown</b>			Square Feet <b>39,199</b>	# of Floors <b>2</b>	Bldg. Age <b>47yrs.</b>
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>administrative offices</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No. <b>00030</b>	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>		
Street Address <b>120 N. Warren Street</b>		Street Address <b>923 Haws Avenue</b>			
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Norristown, PA 19401</b>			
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>	
Start Date (10) <b>7/9/12</b>	Scheduled Completion Date (11) <b>7.20/12</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>			Street Address <b>923 Haws Avenue</b>		
			City, State, Zip Code <b>Norristown, PA 19401</b>		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
mechanical room	x			pipe fitting insulation	712 LF	x			

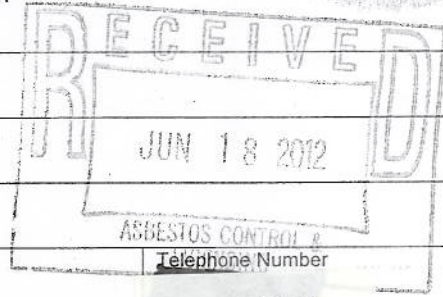
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS, Inc.</b>	
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>7/20/12</b>	City, State <b>Morrisville, PA</b>		
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 		Date <b>6-13-12</b>



check #  
7756

Print Form

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



Date of Notification (1) 06/14/2012		Name of Building Owner/Operator (2) Betty Holcomb							
Agencies Notified	Type Notification	Street Address 125 Midland Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Betty Holcomb							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 125 Midland Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet 2,800	# of Floors 2						
		Bldg. Age 60 +							
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. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) June 23, 2012		Scheduled Completion Date (11) June 26, 2012							
Name of OSHA Monitor Same as above									
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 <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	160 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 06/26/2012	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager	Signature 			Date 06/14/2012			



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

ch 3803

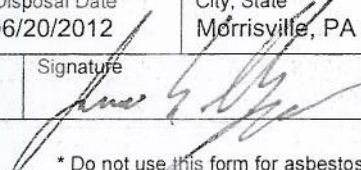
Date of Notification (1) <b>6-13-2012</b>		Name of Building Owner/Operator (2) <b>G. KAYAL</b>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>550 WYCKOFF AVENUE</b>							
		City, State, Zip Code <b>MAHWAH, NJ 07430</b>							
		Name of Contact <b>G. KAYAL</b>	Telephone Number <b>1</b>						
		<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>G. KAYAL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>550 WYCKOFF AVENUE</b>		Square Foot <b>1800</b>	# of Floors <b>2</b>						
City (5) <b>MAHWAH</b>		Bldg. Age <b>65 yrs</b>							
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>6-26-2012</b>		Scheduled Completion Date (11) <b>6-27-2012</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM - 5 PM</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>							
		Street Address <b>280 Huyler St.</b>							
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> ≥100 sf or ≥250 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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>BASEMENT</b>		<b>X</b>		<b>THERMAL INSULATION</b>	<b>90 LF</b>	<b>X</b>			
Name of Registered Waste Handler <b>Best Removal Inc.</b>		NJDEP Waste Handler ID No. <b>17109</b>	Cubic Yards of Waste <b>3/4 yd</b>	Name of Registered Landfill <b>Minerva Enterprises Inc.</b>					
City, State <b>Hackensack, NJ</b>		Disposal Date <b>6-27-2012</b>		City, State <b>Waynesburg, OH.</b>					
Completed by <b>R. Veldran</b>		Title <b>Estimator</b>		Signature <b>R. Veldran</b>		Date <b>6-13-2012</b>			



Check #  
7755

Print Form

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

Date of Notification (1) 06/14/2012		Name of Building Owner/Operator (2) HUMC-PV							
Agencies Notified	Type Notification	Street Address 250 Old Hook Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675							
		Name of Contact Mr. Richard Freeman (Owner Rep.)	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hackensack University Med. Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 250 Old Hook Rd.		Square Feet 300,000	# of Floors 4						
City (5) Westwood		Bldg. Age 85 +							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCN No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 515 Grove Street		Street Address 494 E. 41st Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Patrick Mullen		Telephone No. 856-547-0505	Telephone No. 973-345-0022						
		License No. 00507							
Start Date (10) June 15, 2012	Scheduled Completion Date (11) June 25, 2012	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Work Areas		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
1st Fl. East Wing Dining Area		X		Pipe Insulation Fittings	70 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 06/20/2012		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 		Date 06/14/2012			



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

CK # 3804

Date of Notification (1) <b>6/14/12</b>		Name of Building Owner/Operator (2) <b>FAIRLAWN INDUSTRIES</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment & Emergency (including jurisdiction) <input type="checkbox"/> Cancellation	Street Address <b>20-21 WAGANAW RD</b> City, State, Zip Code <b>FAIRLAWN, NJ. 07410</b> Name of Contact <b>MR. ERIC MALONE</b> Telephone Number <b>[REDACTED]</b>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>SHED</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>20-21 WAGANAW RD</b>		Square Feet <b>5000</b>					
City (5) <b>FAIRLAWN</b>		# of Floors <b>3</b>					
County (6) <b>BERGEN</b>		Bldg. Age <b>1935</b>					
County Code (7) <b>DOJ - 10 DAY</b>		Current Use (Prior to being demolished) <b>WARE</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>[REDACTED]</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address <b>[REDACTED]</b>		Street Address <b>450 South River St</b>					
City, State, Zip Code <b>[REDACTED]</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm <b>[REDACTED]</b>		Telephone No. <b>201-329-7444</b>					
Start Date (10) <b>6/13/12</b>		License No. <b>00388</b>					
Scheduled Completion Date (11) <b>6/16/12</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>2:00 PM - 5:00 PM</b>		Street Address <b>280 Huyler St</b>					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 or more sq ft <input type="checkbox"/> 100 or more sq ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>					
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	Enclose
SECOND FLOOR BLDG 37	Y	THERMAL INSULATION	120 LF	X			
SECOND FLOOR BLDG 37	Y	THERMAL INSULATION	95 LF			X	
Name of Registered Waste Hauler <b>BEST REMOVAL INC.</b>		MADEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3.27</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>			
City, State <b>HACKENSACK, NJ</b>		Disposal Date <b>6/16/12</b>	City, State <b>Newburgh PA, 17242</b>				
Completed by <b>J. MALORANO</b>		Title <b>Estimator</b>	Signature <b>[Signature]</b>	Date <b>6/14/12</b>			

ASB-41 (R-00-00)

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



OK  
023244

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  
06 / 13 / 12

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

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

Name of Building Owner/Operator (2)

Parco Realty

Street Address

405 Park Avenue

City, State, Zip Code

Rutherford, NJ 07070

Name of Contact

Paul Vanderbeck

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Commercial Building

Street Address

405 Park Avenue

City (5)

Rutherford

County (6)

Bergen

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

Enviro Vision

Street Address

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Project Manager for Monitoring Firm

Telephone Number

Willie Morales

973-636-9145

Telephone Number

973 628-9500

License No.

00408

Scheduled State Date (10)

06 / 27 / 12  
Month / Day / Year

Scheduled Completion Date (11)

07 / 09 / 12  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

☒ Full Containment With Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	E R E P A I R	E N C A P S U L	E N C O U L	E N C O U L
Boiler Room			X	Pipe insulation	150 LF	X				
Boiler Room			X	Breeching	40 SF	X				
Boiler Room			X	Boiler Insulation	140 SF	X				

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No. 17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

G.R.O.W.S

City, State

Disposal Date

City, State

Wayne NJ 07470

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

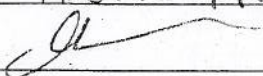
Jerry Bijelonic

Project Manager

6/13/2012



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

Date of Notification (1) <b>6-8-12</b>		Name of Building Owner/Operator (2) David Martinez													
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 38 Wilson Avenue  City, State, Zip Code Newark, NJ 07105  Name of Contact David Martinez												
			Telephone Number												
	<b>FACILITY INFORMATION</b>														
	Name of Facility Where Abatement is Taking Place (3) house  Street Address 356 Elm Street  City (5) Newark		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.)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Square Feet 2000</td> <td># of Floors 2</td> <td>Bldg. Age 50</td> </tr> </table> County (6) Essex		Square Feet 2000	# of Floors 2	Bldg. Age 50								
Square Feet 2000	# of Floors 2	Bldg. Age 50													
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) <b>6-20-12</b>		Scheduled Completion Date (11) <b>6-25-12</b>													
Name of OSHA Monitor															
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code													
Scope of Work (Check All That Apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> ≥3 sf or ≥3 lf</td> <td><input type="checkbox"/> Renovation</td> <td><input checked="" type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf</td> <td><input type="checkbox"/> Demolition</td> <td><input checked="" type="checkbox"/> Mini-Enclosure</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure</td> </tr> </table>				<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure			<input checked="" type="checkbox"/> Glovebag Procedure			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure													
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input 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)  basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>			Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  pipe insulation  floor tile	Amount (Specify SF or LF)  15 LF  600 SF	Abatement Type						
	Yes	No	N/A												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> </table>				Removal	Repair	Encapsulate	Enclosure								
Removal	Repair	Encapsulate	Enclosure												
					x										
					x										
Name of Registered Waste Hauler <b>NEWARK CARTING</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste	Name of Registered Landfill <b>IESI</b>											
City, State <b>NEWARK NJ</b>		Disposal Date	City, State <b>BETHLEHEM PA</b>												
Completed by <b>ANDREW BOY HIGGINS</b>		Title <b>PRESIDENT</b>	Signature 			Date <b>6-8-12</b>									



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

Date of Notification (1) June 11, 2012		Name of Building Owner/Operator (2) Dangler Funeral Home					
Agencies Notified	Type Notification	Street Address 309 Springfield Avenue					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901					
		Name of Contact Rose Mary Dangler	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)					
Street Address 309 Springfield Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Summit		Square Feet N/A	# of Floors N/A				
		Bldg. Age N/A					
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.				
Street Address		Street Address 11 Rosengren Avenue					
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685				
		License No. #00675					
Start Date (10) 6/25/12	Scheduled Completion Date (11) 6/26/12	Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512					
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
boiler room		X		Boiler room	75 LF		X
crawl space #1		X		contaminated pipes	245 LF		X
crawl space #2		X		pipe insulation	220 LF	x	
crawl space #2		X		associated debris from floor	1200 SF		X
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA			
Completed by Deanna Brkusanin		Title Project manager	Signature <i>Deanna Brkusanin</i>	Date 6/11/12			



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

Date of Notification (1) June 11, 2012		Name of Building Owner/Operator (2) Dangler Funeral Home						
Agencies Notified	Type Notification	Street Address 309 Springfield Avenue						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Summit, NJ 07901						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rose Mary Dangler	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 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 & commercial buildings, homes, etc.)						
Street Address 309 Springfield Avenue		Square Feet N/A	# of Floors N/A					
City (5) Summit		Bldg. Age N/A						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675					
Start Date (10) 6/25/12	Scheduled Completion Date (11) 6/26/12	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input 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 checked="" 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	Enclosure
crawl space #3		X		pipe insulation	160 LF	X		
crawl space #3		X		associated debris from the floor	1500 SF		X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project manager	Signature <i>Deanna Brkusanin</i>	Date 6/11/12				



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

Date of Notification (1) 6/14/12		Name of Building Owner/Operator (2) Our Lady of Mt. Carmel School							
Agencies Notified	Type Notification	Street Address 25 East 22nd Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne NJ 07002							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Rev. Msgr. Ronald Marczewski	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 39 East 22nd Street		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.)							
City (5) Bayonne	County (6) Hudson	Square Feet 2000	# of Floors 2 Bldg. Age 60						
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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/21/12	Scheduled Completion Date (11) 7/5/12	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			x	pipe insulation	60 LF		x		
boiler room			x	boiler insulation	100 SF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by Andrew Scott Higgins		Title President	Signature			Date 6/14/12			



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

Date of Notification (1) 06/15/12		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child							
Agencies Notified	Type Notification	Street Address 44 Blackburn Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, New Jersey 07901							
		Name of Contact John Daura	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Connelly Hall		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 44 Blackburn Road		Square Feet 20,000	# of Floors 2						
City (5) Summit, New Jersey 07901		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue							
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Mike Kruppa		Telephone No. 908-497-8900	License No. 01104						
Start Date (10) 06/15/12	Scheduled Completion Date (11) 06/18/12	Name of OSHA Monitor J&S Environmental Labs LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 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 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) <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
Ground Fl. Hallway/south stairwell		X		Pipe Fitting Insulation Glovebag	3LF	X			
Ground Fl. Hallway/south stairwell		X		Pipe Fitting Insulation Wrap & G	15LF	X			
School Store		X		Pipe Fitting Insulation Glovebag	3LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 06/19/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 06/15/12					



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

Date of Notification (1) 06/13/12 Ck# 2120 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child	
Agencies Notified	Type Notification	Street Address 44 Blackburn Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, New Jersey 07901	
		Name of Contact John Daura	Telephone Number 1 _____

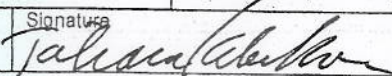
  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Connelly Hall		Type of Facility (4)	
Street Address 44 Blackburn Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Summit, New Jersey 07901		Square Feet 20,000	# of Floors 2
County (6) Bergen		Bldg. Age 55+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue	
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Mike Kruppa		Telephone No. 908-497-8900	Telephone No. 973-225-8400
License No. 01104			
Start Date (10) 06/15/12	Scheduled Completion Date (11) 06/18/12	Name of OSHA Monitor J&S Environmental Labs LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7AM Start</u>		City, State, Zip Code Union, New Jersey 07083	
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 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
Boiler Room	X			O&M TSI Wrap & Cut	150 LF	X			
Ground Fl. Hallway/south stairwell		X		Pipe Fitting Insulation Glovebag	3 LF	X			
Ground Fl. Hallway/south stairwell		X		Pipe Fitting InsulationWrap & Cut	15 LF	X			
Schol Store		X		Pipe Fitting Insulation Glovebag	3LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 06/19/12	City, State Morrisville, Pennsylvania		
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 06/13/12	




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

Date of Notification (1) 05/21/12 Ck# 2079 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child						
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 44 Blackburn Road  City, State, Zip Code Summit, New Jersey 07901  Name of Contact John Daura  Telephone Number 					
	Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Connelly Hall  Street Address 44 Blackburn Road  City (5) Summit, New Jersey 07901  County (6) Bergen  County Code (7) (STATE USE ONLY) _____		<b>FACILITY INFORMATION</b> 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.)  Square Feet 20,000 # of Floors 2 Bldg. Age 55+  Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group  Street Address 65 Jackson Drive  City, State, Zip Code Cranford, New Jersey 07016  Project Manager for Monitoring Firm Mike Kruppa  Telephone No. 908-497-8900		Name of Abatement Contractor (9) Lilich Corporation  Street Address 606 McBride Avenue  City, State, Zip Code Woodland Park, New Jersey 07424  Telephone No. 973-225-8400 License No. 01104	Name of OSHA Monitor J&S Environmental Labs LLC  Street Address 2333 Route 22 West  City, State, Zip Code Union, New Jersey 07083					
Start Date (10) 06/15/12  Scheduled Completion Date (11) 06/18/12		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 Other - Describe: 7AM Start						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> 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) 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		
Boiler Room	x		O&M TSI Wrap & Cut	150 LF	x			
Name of Registered Waste Hauler Lilich Corporation  City, State Woodland Park, New Jersey 07424		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S Landfill  City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 05/21/12				



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

GAC# 9022-12


Date of Notification (1) <b>June 14, 2012</b>		Name of Building Owner/Operator (2) <b>MR. JOE ROSATI</b>	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 dated 6/14/12 - new completion date & typographical error - Description of Material <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled	
Street Address <b>108 WOODWARD AVENUE</b>		City, State, Zip Code <b>RUTHERFORD, NJ 07070</b>	
Name of Contact <b>MR. JOE ROSATI</b>		Telephone Number <b>215-736-1700</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>ROSATI RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>108 WOODWARD AVENUE</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>RUTHERFORD</b>	County (6) <b>BERGEN</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/11/12</b>	Scheduled Completion Date (11) <b>06/14/12</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Source of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) in Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>PLASTER CEILING</b>	Amount (Specify SF or LF) <b>700 SF</b>
<b>BASEMENT</b>	<input checked="" type="checkbox"/>	<b>PIPE INSULATION</b>	<b>150 LF</b>
Name of Reg. Waste Hauler <b>Newark Carting, Inc. Newark, NJ 04509</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>30 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Notes: <b>None</b>		Disposal Date <b>06/14/12</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>June 14, 2012</b>

Copies To: Mr. Joe Rosati, & ENVIROVISION, Attn: Mr. Fred Larson



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

GAC# 9022-12

Date of Notification (1) <b>June 1, 2012</b>		Name of Building Owner/Operator (2) <b>MR. JOE ROSATI</b>	
Agencies Notified <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	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including Justification letter) <input type="checkbox"/> Cancelled	Street Address <b>108 WOODWARD AVENUE</b> City, State, Zip Code <b>RUTHERFORD, NJ 07070</b> Name of Contact <b>MR. JOE ROSATI</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>ROSATI RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>108 WOODWARD AVENUE</b>		Current Use (prior if being demolished): <b>RESIDENCE</b>	
City (5) <b>RUTHERFORD</b>	County (6) <b>BERGEN</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/11/12</b>	Scheduled Completion Date (11) <b>06/15/12</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Work Area Closed/Vacant During Entire Period of Abatement 8:00 AM - 8:00 PM</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ <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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
<b>BASEMENT</b>	<input checked="" type="checkbox"/>	<b>PLASTER CEILING</b>	<b>700 SF</b> <input checked="" type="checkbox"/>
<b>BASEMENT</b>	<input checked="" type="checkbox"/>	<b>PLASTER CEILING</b>	<b>150 LF</b> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b> <b>Newark, NJ 04509</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>30 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Notes: <b>None</b>		Disposal Date <b>06/15/12</b>	City, State <b>100 New Ford Mill Rd.</b> <b>Morrisville, Pa 19067</b> <b>215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>June 1, 2012</b>

Copies To: Mr. Joe Rosati, & ENVIROVISION, Attn: Mr. Fred Larson