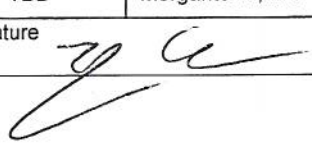


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

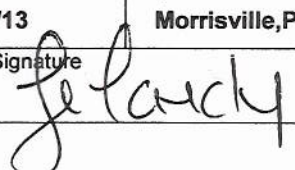
Date of Notification (1) 12-14-12		Name of Building Owner/Operator (2) Dupont Nemours Company						
Agencies Notified	Notification Type	Street Address Rt 130 South						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Deepwater, NJ 08023						
		Name of Contact Richard Clarke	Telephone Number 					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant		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 Rt 130 South		Square Feet	# of Floors Bldg. Age					
City (5) Deepwater		Current Use (prior if being demolished)						
County (6) Salem	County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental	ASCM No.	Name of Contractor (9) County Environmental						
Street Address 761 Pulaski Hwy		Street Address 461 New Churchmans Rd.						
City, State, Zip Code Bear, De		City State, Zip Code New Castle, DE 19720						
Project Manager for Monitoring Firm Wesly Morrison	Telephone No. 302-326-2333	Telephone Number (302) 322-8946	License Number 00578					
Scheduled Start Date (10) 1-2-13	Scheduled Completion Date (11) 9-30-13	Name of OSHA Monitor County Environmental (12-003A)						
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.		Street Address 461 New Churchmans Road						
		City, State, Zip Code New Castle, DE 19720						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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
Thermal Systems		x		Thermal coverings throughout area	22000LF	X		
Thermal Systems		x		Thermal coverings throughout area	2000SF		X	X
Floor Tile /Mastic		x		Floor tile and mastic throughout area	1800SF	X		
Name of Reg. Waste Hauler S&J Transport.	NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste >30	Name of Reg. Landfill Constoga				
City, State Woodstown, NJ			Disposal Date TBD	City, State Morgantown, PA				
Completed by Evelyn Walsh	Title Office Manager		Signature 	Date 6-17-12				

NO check

2013 JUN 19 AM 2:50

RECEIVED

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

Date of Notification (1) <div style="text-align: center;">6 / 18 / 13</div>			Name of Building Owner/Operator (2) Sovereign Bank, N.A.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1130 Berkshire Boulevard City, State, Zip Code Wyomissing, PA Name of Contact Susan Peck					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sovereign Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 17 Beaverson Boulevard									
City (5) Brick NJ			Square Feet 5,000	# of Floors 2	Bldg. Age 35				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-616-4092	Telephone No. 718-605-6256	License No. 00774					
Start Date (10) <div style="text-align: center;">06 / 29 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 7 / 13</div>		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Teller Work Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/Mastic	300SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Global Waste Industries, Inc.		NJDEP Waste Hauler ID No. NJ-22147	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 7/7/13		City, State Morrisville, PA					
Completed By (Print or Type) John Tardy		Title Senior Project Manager		Signature 		Date 6/18/13			

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

CHECK#23144

Date of Notification (1) 6/14/2013		Name of Building Owner/Operator (2) JOE FILOON/AGENT FOR HOMEOWNER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 MITZI LANE City, State, Zip Code BEACH HAVEN WEST, NJ Name of Contact DAVID J. D'ANDREA
			Telephone Number
	FACILITY INFORMATION		
	Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)
Street Address 20 MITZI LANE		Square Feet	
City (5) BEACH HAVEN WEST, NJ		# of Floors Bldg. Age	
County OCEAN		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
ASCM No.		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address		Street Address 15 BLACK FOREST ROAD	
		City, State, Zip Code HAMILTON, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 6/15/2013	Scheduled Completion Date (11) 6/15/2013	Name of OSHA Monitor N/A	
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 working hours		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
EXTERIOR		X	TRANSITE SIDING
Amount (Specify SF or LF) 1000 S.F.		Abatement Type	
		Removal	Repair
		X	
Name of Registered Waste Hauler TIMSTER TRUCKING		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste 5 YD.
City, State WEST CREEK, NJ		Name of Registered Landfill GROWS	
Disposal Date 6/17/2013		City, State MORRISVILLE, PA	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature <i>David J. D'Andrea</i>	Date 6/14/2013

ASB-41

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* Do not use this form for asbestos licensure exempted activities

CIC 00500

D&S Proj. #: 2013

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

Date of Notification (1) 06/14/13		Name of Building Owner/Operator (2) rodger mcbride	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 209 east velleyview avenue City, State, Zip Code hackettstown, nj Name of Contact rodger mcbride Telephone Number	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) rodger mcbride Street Address 209 east velleyview avenue City (5) hackettstown County (6) warrar County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number		Start Date (10) 06/26/13 Sched. Completion Date (11) 07/10/13		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS	

Scope of Work (check all that apply)

<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	41 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 06/26/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/14/ 2013

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

D&S Proj. #: 2013

2013 JUN 19 AM 2:50

Date of Notification (1) 06/11/13		Name of Building Owner/Operator (2) jason shann	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 386 cook avenue		City, State, Zip Code SCOTCH PLAINS, NJ 07076	
Name of Contact maria ackerman		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jason shann			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 386 cook avenue			Square Feet		
City (5) SCOTCH PLAINS			County (6) UNION		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/18/13		Sched. Completion Date (11) 07/10/13			
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)

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

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

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

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 06/19/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/13/13

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

D&S Proj. #: 2013

Date of Notification (1) 06/11/13		Name of Building Owner/Operator (2) DEEPAK GOPLANI	
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 2 COOLIDGE AVENUE		City, State, Zip Code W. CALDWELL, NJ 07006	
Name of Contact DEEPAK GOPLANI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DEEPAK GOPLANI			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 2 COOLIDGE AVENUE			Square Feet # of Floors Bldg. Age		
City (5) W. CALDWELL	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/24/13		Sched. Completion Date (11) 07/10/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

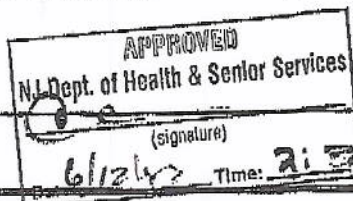
Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	130 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 06/25/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/13/ 2013



Date of Notification (1) 06/11/13		Name of Building Owner/Operator (2) Patricia N. Thiede	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address 30 SCHOOL STREET		City, State, Zip Code WASHINGTON, NJ 07882	
Name of Contact Patricia N. Thiede		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Patricia N. Thiede			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 SCHOOL STREET			Square Feet # of Floors Bldg. Age		
City (5) WASHINGTON Boro	County (6) Warren	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/14/13		Sched. Completion Date (11) 06/28/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ ≥ 3 sf or ≥ 2 lf ☒ Renovation
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		X		PIPE INSULATION	1201 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 06/14/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/12/13

ASB-41

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

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

D&S Proj. #: 2013

Date of Notification (1) 06/12/13		Name of Building Owner/Operator (2) Patricia N. Thiede	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 SCHOOL STREET	
		City, State, Zip Code WASHINGTON, NJ 07882	
		Name of Contact Patricia N. Thiede	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Patricia N. Thiede			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 SCHOOL STREET			
City (5) WASHINGTON Boro	County (6) Warren	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) _____			Current Use (Prior if being demolished)

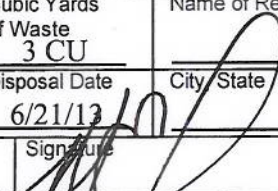
Street Address _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code _____		Street Address 20 California Ave.	
Project Manager for Monitoring Firm _____		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/14/13	Sched. Completion Date (11) 06/28/13	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue	
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		City, State, Zip Code Paterson, NJ 07503	

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	120 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/14/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 06/12/13

CK #25202

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

Date of Notification (1) <u>6/17/13</u>			Name of Building Owner/Operator (2) <u>Janet Lightfoot</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>29 Emerson Rd.</u> City, State, Zip Code <u>N. Brunswick, NJ 08902</u> Name of Contact <u>Janet Lightfoot</u> Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>26 Como Drive</u>				Square Feet <u>1500</u> # of Floors <u>2</u> Bldg. Age <u>65</u>					
City (5) <u>Somerset, NJ 08873</u>		County (6) <u>Somerset</u>		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) <u>Residential</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 Jr.</u>		Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u> License No. <u>00493</u>					
Start Date (10) <u>6/26/13</u>		Scheduled Completion Date (11) <u>7/3/13</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 - 4:30 pm</u>				Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </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) 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			
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Thermal Piping</u>	<u>100 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>VAT</u>	<u>900 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>3 CU</u>		Name of Registered Landfill <u>T.R.R.F., Inc.</u>			
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>6/21/13</u>		City/State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>6/17/13</u>			


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

2013 JUN 19 AM 2:50

Date of Notification (1) 6-14-13		Name of Building Owner/Operator (2) OUR Lady of Sorrows.						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3800 E. STATE ST. EXTENSION.						
		City, State, Zip Code HAMILTON, N.J. 08619.						
		Name of Contact DAVE D'ANDREA.	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) OUR Lady of Sorrows Rectory.		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.) Rectory.						
Street Address 3800 E. STATE ST. EXTENSION		Square Feet	# of Floors					
City (5) HAMILTON, N.J. 08619		Bldg. Age						
County (6) mercer.		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Priests. Dormitory					
Name of Monitoring Firm Hired by Building Owner (8) m e c s.		ASCM No.	Name of Abatement Contractor (9) Cream Ridge Environmental Inc.					
Street Address P.O. Box 341		Street Address 15 Black Forest Road						
City, State, Zip Code Chesterfield, N.J.		City, State, Zip Code Hamilton, NJ 08691						
Project Manager for Monitoring Firm Bill Weisgarber.		Telephone No. 915-1140	License No. 0676					
Start Date (10) 6-17-14	Scheduled Completion Date (11) 6-20-14		Name of OSHA Monitor m e c s.					
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 P.O. Box 341						
		City, State, Zip Code Chesterfield, N.J.						
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) 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
Basement.	X			Pipe Insulation. Air Cell.	200 L.F.	X		
Name of Registered Waste Hauler Robinson Waste.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS.				
City, State Koorhees, N.J.		Disposal Date 6-21-13	City, State					
Completed by David J. D'Andrea	Title president	Signature <i>David J. D'Andrea</i>	Date 6-14-13					

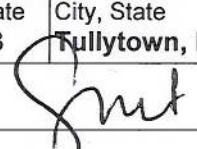
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1305-4641
Check #5360

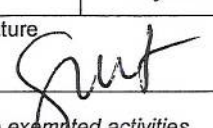
Date of Notification (1) 6/14/13		Name of Building Owner / Operator (2) Seton Hall University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 400 South Orange Ave. City, State & Zip Code South Orange, NJ 07079 Name of Contact Leon Vandemeleubroeke							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Seton Hall University- McQuaid Hall		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 400 South Orange Ave.		Square Feet 10,000	# of Floors 2						
City (5) South Orange		County (6) Essex	Bldg. Age 90						
County Code (7)		Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc. 00529						
Street Address 280 Huyler Street		Street Address PO Box 25							
City, State & Zip Code South Hackensack, NJ 07606		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone Number 201-489-8700	License Number 00529						
Scheduled Start Date (10) 6/21/13	Scheduled Completion Date (11) 6/30/13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Weekend of June 21st and Weekend of June 28th <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Kitchen/Offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster around radiators	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 6/30/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 6/14/13			

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

1306-4653
CHECK #5361

Date of Notification (1) 6/13/13		Name of Building Owner / Operator (2) The College of New Jersey	
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 7718 City, State & Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey- Roscoe West Library		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 2000 Pennington Road		Square Feet	# of Floors
City (5) Ewing	County (6) Mercer	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Building	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	
Street Address 344 West State Street		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State & Zip Code Trenton, NJ 08618		Street Address 30 Maple Ave	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone Number 609-915-1140	License Number 00529
Scheduled Start Date (10) 6/14/13	Scheduled Completion Date (11) 6/18/13	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Working Saturday & Sunday <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.	
Scope of Work (Check all that apply)		City, State & Zip Code Westmont, NJ 08108	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure		<i>Criticals</i>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) 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)
1 st Floor, Reference Room, South Stairwell	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Plaster Debris Clean Up	20 SF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F. Landfill
City, State Lumberton, NJ	Disposal Date 6/18/13	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 6/13/13

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


Date of Notification (1) 6 / 7 / 13			Name of Building Owner/Operator (2) Seton Hall Prep / Job # 1305-4644 Check #5304						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 120 Northfield Ave. City, State, Zip Code West Orange, NJ 07017 Name of Contact Mike Gallo Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Seton Hall Prep				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 and commercial buildings, homes, etc.)					
Street Address 120 Northfield Ave.				City (5) West Orange					
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Prep School					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700		Telephone No. 609-265-2107 License No. 00529					
Start Date (10) 6 / 10 / 13		Scheduled Completion Date (11) 7 / 5 / 13		Name of OSHA Monitor EMSL 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 108 Haddon Ave. City, State, Zip Code Westmont, NJ 08108					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rm 140,232,233,318,319,321,322,325	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double Layer Floor tile & Mastic	7,528 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 228,229,231	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single Layer Floor tile & Mastic	2,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill				
City, State Lumberton, NJ		Disposal Date 7/5/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/7/13			

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

Date of Notification (1) 06/10/2013		Name of Building Owner/Operator (2) MIGUEL SANPIZ							
Agencies Notified	Type Notification	Street Address 15 49th STREET.							
<input 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 WEEHAWKEN N.J. 07086							
		Name of Contact MIGUEL SANPIZ	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15-49TH STREET		Square Feet 3,200 SF.	# of Floors 3						
City (5) WEEHAWKEN N.J. 07086		Bldg. Age 84							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201- 708 - 4270	License No. 01135						
Start Date (10) 06/19/2013	Scheduled Completion Date (11) 06/20/2013	Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB							
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 1551 - OAKBRIDGE DR. SUITE. B							
		City, State, Zip Code POWHATHAN VA. 23139							
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 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
Bedroom & Living Room(2nd Floor.)		X		WALL PLASTER	100 SF.	X			
Exterior Siding		x		Shingles	658 SF.	x			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE					
City, State 22 VAN ORDEN PL. HACKENSACK N.J.				Disposal Date TBD	City, State WAYNESBURG. OHIO				
Completed by <i>Xiomara Gomez</i>		Title <i>President</i>	Signature <i>Xiomara Gomez</i>			Date 06/10/2013			

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

Check 12/172

Date of Notification (1) 6/11/13		Name of Building Owner/Operator (2) James Hart							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 63 North Place		City, State, Zip Code Mount Tabor NJ 07878							
Name of Contact James Hart		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 63 North Place		Square Feet 2500							
City (5) Mount Tabor		# of Floors 2							
County (6) Morris		Bldg. Age 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-583-8500							
Start Date (10) 6/20/13		License No. 703							
Scheduled Completion Date (11) 7/1/13		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							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Tri State Transfer		NJDEP Waste Hauler ID No. 02325		Cubic Yards of Waste 10		Name of Registered Landfill Minerva Enterprises			
City, State Bronx NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 6/11/13			

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

Date of Notification (1) 6-10-2013		Name of Building Owner/Operator (2) John P Geoghegan.							
Agencies Notified	Type Notification	Street Address 37 Sherman Pl.							
<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 Jersey City NJ. 07307							
		Name of Contact John Geoghegan.	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential.		Type of Facility (4)							
Street Address 37 Sherman Pl.		<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) Jersey City NJ. 07307		Square Feet 2509	# of Floors 2						
County (6) Hudson.		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) Green Environmental Services.						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ. 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 6-11-2013	Scheduled Completion Date (11) 6-11-2013	Name of OSHA Monitor Same as above.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
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) <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.	200LF	x			
Name of Registered Waste Hauler Tri-state Transfer Associate.		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprise.					
City, State Bronx New York.		Disposal Date 6-11-2013		City, State Wynesburg-Ohio.					
Completed by Tiffany Nunez		Title Office Manager.		Signature			Date 6-10-2013		

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

GAC Project # 393-13

Date of Notification (1) June 11, 2012		Name of Building Owner/Operator (2) MADISON BOARD OF EDUCATION	
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 Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 359 WOODLAND ROAD		City, State, Zip Code MADISON, NJ 07940	
Name of Contact MR. JOE TRAUSE		Telephone Number BUILDINGS & GROUNDS	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MADISON JUNIOR SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 160 MAIN STREET		Sq. Feet: ~60,000 # of Floors: 2 Bldg. Age: ~80+ years	
City (5) MADISON	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCM No. 0090	
Street Address 401 ST. JAMES AVENUE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JON GILBERT	Telephone Number 908-454-6316	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/21/13	Scheduled Completion Date (11) 06/22/13	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours FRI 3PM – SAT 11PM (as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Faculty Room	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.) VAT	Amount (Specify SF or LF) 407 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 06/22/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date June 11, 2012

Copies To: MADISON BOE Attn: Mr. Joe Trause and RK O&E, Attn: Jon Gilbert

State of New Jersey - Notification of Asbestos Abatement


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

Date of Notification (1) June 13, 2013		Name of Building Owner/Operator (2) Roseland Presbyterian Church	
Agencies Notified X EPA DCA X DOL X DEP X DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address 40 Freeman Street City, State, Zip Code Roseland, NJ 07068 Name of Contact Reverend Laurin McArthur	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Roseland Presbyterian Church		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 40 Freeman Street		Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 60 years	
City (5) Roseland	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) July 15, 2013	Scheduled Completion Date (11) August 2, 2013	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement- X Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Non-Occupied		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> X Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Crawlspace	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.) TSI	Amount (Specify SF or LF) 375'
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591		Disposal Date August 2, 2013	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date June 13, 2013

GAC # 2013-394

No
check

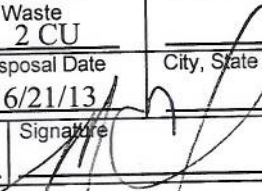
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>6/7/13</u>		Name of Building Owner/Operator (2) <u>Mount Holly Township Public Schools</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <u>331 Levis Drive</u> City, State, Zip Code <u>Mount Holly, NJ 08060</u>							
		Name of Contact <u>Jack Soltesz</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>John Brainerd Elem School</u>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>100 Wollner Drive</u>		Square Feet	# of Floors						
City (5) <u>Mount Holly</u>		Bldg. Age							
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>School</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>P.O 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 Weisengarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>7/1/13</u>	Scheduled Completion Date (11) <u>7/2/13</u>	Name of OSHA Monitor <u>DB Environmental</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkley Place</u> City, State, Zip Code <u>Freehold, NJ 07728</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Multipurpose Room</u>			<input checked="" type="checkbox"/>	<u>Thermal Fittings</u>	<u>16</u>	<input checked="" type="checkbox"/>			
				<u>Wrap and Cut Method</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.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/2/13</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>6/7/13</u>			

6/14/13

CK #25201

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

Date of Notification (1) <u>6/17/13</u>		Name of Building Owner/Operator (2) <u>Alice Harper</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>6 Search Ave</u> City, State, Zip Code <u>Pennington, NJ 08534</u>
	Name of Contact <u>Alice Harper</u>		Telephone Number _____
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u> Street Address <u>6 Search Ave.</u> City (5) <u>Pennington, NJ 08534</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.) Square Feet <u>1800</u> # of Floors <u>2</u> Bldg. Age <u>60</u>	
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u> Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> Street Address <u>PO Box 322</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> License No. <u>00493</u>	
Start Date (10) <u>6/19/13</u>		Scheduled Completion Date (11) <u>6/21/13</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 - 4:30 pm</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 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 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)
<u>Crawl Space</u>		<input checked="" type="checkbox"/>	<u>Thermal Piping</u> <u>100 lf</u> <input checked="" type="checkbox"/>
<u>Crawl Space</u>		<input checked="" type="checkbox"/>	<u>Thermal Piping Debris</u> <u>40 lf</u> <input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>6/21/13</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u> City, State <u>Tullytown, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/17/13</u>

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

2013 JUN 19 AM 2:50

Date of Notification (1) 6-17-13		Name of Building Owner/Operator (2) Howell Township	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <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 203 LOCUST AVENUE		City, State, Zip Code Howell NJ	
Name of Contact DOUG		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Howell Township		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 203 LOCUST AVENUE		Square Feet 1600	
City (5) Howell		# of Floors 1	
County (6) Monmouth		Bldg. Age 67	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) 6-26-13		Scheduled Completion Date (11) 6-28-13	
Name of OSHA Monitor		Street Address	
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 - 2 PM		City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code COLTS NECK NJ 07722	
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)	
OUT DOORS		✓	
SIDING		1000 SF	
Name of Registered Waste Hauler ACE INSULATION CO		NIEEP Waste Hauler ID No. 12086	
City, State COLTS NECK NJ 07722		Cubic Yards of Waste 2	
Disposal Date 6-28-13		Name of Registered Landfill GROWS	
City, State TULLY TOWN PA		Completed By Jack GALL	
Title OPS mgr		Signature Jack GALL	
Date 6-17-13			

ASD-41

* Do not use this form for asbestos license exempt activities.

H 1922