

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:00 and 12:120)

JUN 20 2012

CHECK #: 7921

| | | | | | |
|--|--|---|---|--|--|
| Date of Notification (1) 6/15/12 | | Name of Building Owner/Operator (2) 1600 OLDEN LLC | | APPROVED NJ Dept of Health & Senior Services (Signature) Date: 6/15/12 Time: 1:00 PM | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1600 N. OLDEN AVENUE City, State, Zip Code EWING NJ 08638 Name of Contact MARC SCHUSSEL Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) UNIT #5 | | | 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 1600 N. OLDEN AVENUE | | | Square Feet 6,000 | | |
| City (5) EWING | | | # of Floors 1 | | |
| County (6) MERCER | | | Bldg. Age 52 | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) STORE | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A. MAC Contracting Inc | |
| Street Address | | Street Address 105 Lowell Road | | | |
| City, State, Zip Code | | City, State, Zip Code Glen Rock, NJ 07452 | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-262-5841 | |
| Start Date (10) 6/16/12 | | Scheduled Completion Date (11) 6/19/12 | | License No. 00156 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| | | | | Street Address 280 Haver Street | |
| | | | | City, State, Zip Code Hackensack, NJ 07606 | |
| 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) in Facility (13) TO BE ABATED | | 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) | |
| MAIN FLOOR | | | | pipe insulation | |
| " " | | | | VAT | |
| | | | | 240 LF | |
| | | | | 450 SF | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | | Cubic Yards of Waste 2 | |
| City, State, Zip Code Riverdale, NJ 07457 | | Disposal Date 6/16/12 | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | |
| | | | | City, State, Zip Code Bethlehem, PA 18015 | |
| Completed by R. McDonald | | Title President | | Signature Randall McDonald | |
| | | | | Date 6/15/12 | |

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

CHECK #: 7921

| | | | | | | | | |
|---|--|--|---|---|------------------------|--------|-------------|---------|
| Date of Notification (1) 6-15-12 | | Name of Building Owner/Operator (2) ALBERT HONG | | | | | | |
| 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 470 BERGEN BOULEVARD City, State, Zip Code PALISADES PARK, NJ 07650 Name of Contact ALBERT HONG Telephone Number [REDACTED] | | | | | |
| | FACILITY INFORMATION | | | | | | | |
| | Name of Facility Where Abatement is Taking Place (3) HONG Street Address 470 BERGEN BOULEVARD City (5) PALISADES PARK County (6) BERGEN | | 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 1450 # of Floors 1 Bldg. Age 54 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) RESIDENTIAL | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | ASCM No. _____ Name of Abatement Contractor (9) A. MAC Contracting Inc Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 | | | | | | |
| Project Manager for Monitoring Firm Telephone No. _____ | | Telephone No. 201-262-5841 License No. 00156 | | | | | | |
| Start Date (10) 6-28-12 Scheduled Completion Date (11) 7-2-12 | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606 | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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 | Enclose |
| basement | | X | pipe insulation | 235 LF | X | | | |
| basement | | X | FLOOR TILE | 150 SF | X | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Rovic Transport City, State, Zip Code Riverdale, NJ 07457 | | NJDEP Waste Hauler ID No. 20785 | Cubic Yards of Waste 2 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State, Zip Code Bethlehem, PA 18015 | | | | |
| Completed by R. McDonald | | Title President | Signature Ronald A. McDonald | | Date 6-15-12 | | | |

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

CHECK #: 7921



| | | | |
|---|--|--|---------------------------------------|
| Date of Notification (1) 6.18.12 | | Name of Building Owner/Operator (2) JOSEPH CIURCIO | |
| 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 50 SPENCER PLACE | |
| | | City, State, Zip Code GARFIELD NJ 07026 | |
| | | Name of Contact VINNY JC | Telephone Number [REDACTED] |

| FACILITY INFORMATION | | | |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3) CIURCIO | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 50 SPENCER PLACE | | Square Feet 6000 | # of Floors 3 |
| City (5) GARFIELD | | Bldg. Age 58 | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) APTS | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A. MAC Contracting Inc |
| Street Address | | Street Address 105 Lowell Road | |
| City, State, Zip Code | | City, State, Zip Code Glen Rock, NJ 07452 | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 201-262-5841 |
| | | | License No. 00156 |
| Start Date (10) 6.27.12 | Scheduled Completion Date (11) 6.29.12 | Name of OSHA Monitor Omega Environmental Services Inc. | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 280 Huyer Street | |
| | | City, State, Zip Code Hackensack, NJ 07606 | |
| 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) 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 | 200 LF | X | | | |
| basement | | | X | tank insulation | 172 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|---------------------------|---|----------------------------------|--|--|
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | Cubic Yards of Waste 2 | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | |
| City, State, Zip Code Riverdale, NJ 07457 | | Disposal Date 6.26.12 | | City, State, Zip Code Bethlehem, PA 18015 | |
| Completed by R. McDonald | Title President | Signature Ronald A. McDonald | | Date 6/18/12 | |

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

CHECK#21991

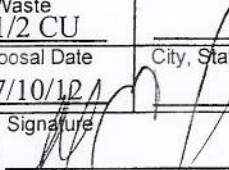
| | | | |
|--|---|---|---|
| Date of Notification (1) 6/18/2012 | | Name of Building Owner/Operator (2) PRIVATE RESIDENCE | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 185 CEDAR STREET | |
| | City, State, Zip Code RIDGEFIELD PARK, NJ 07660 | | |
| | Name of Contact DAVID D'ANDREA | Telephone Number 201 201 2012 | |
| | ASBESTOS CONTAINMENT LICENSING | | |
| 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) | |
| 185 CEDAR STREET | | Square Feet | # of Floors Bldg. Age |
| RIDGEFIELD PARK, NJ 07660 | | | |
| County BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) AMERITECH SERVICES | | ASCM No. | Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC. |
| Street Address 78 E. ATLANTIC WAY | | Street Address 15 BLACK FOREST ROAD | |
| City, State, Zip Code LAVALLETTE, NJ 08735 | | City, State, Zip Code HAMILTON, NJ 08691 | |
| Project Manager for Monitoring Firm ROD MORRIS | Telephone No. 732-664-7788 | Telephone No. 609-890-7110 | License No. 00676 |
| Start Date (10) 6/20/2012 | Scheduled Completion Date (11) 6/20/2012 | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe | | Street Address | |
| | | City, State, Zip Code | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> RENOVIATION <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 (*) & 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 | |
| BASEMENT | | <input checked="" type="checkbox"/> | DUCT WRAP |
| BASEMENT | | <input checked="" type="checkbox"/> | PIPE INSULATION |
| BASEMENT | | <input checked="" type="checkbox"/> | VAT |
| | | | |
| Name of Registered Waste Hauler JACK ROBINSON WASTE MANIFEST | | NJDEP Waste Hauler ID No. 17304 | Cubic Yards of Waste 2 YDS |
| City, State BELLMAR, NJ 08031 | | Disposal Date 6/21/2012 | Name of Registered Landfill GROWS |
| Completed By DAVID D'ANDREA | | Title PRESIDENT | Date 6/18/2012 |

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

**STEVENS ENVIRONMENTAL
SERVICES INC
Check # 24838**

| | | | | | | | | |
|--|--|--|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) <u>6/15/12</u> | | Name of Building Owner/Operator (2) <u>North Hanover Board of Education</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>46 Schoolhouse Road</u> | | | | | | |
| | | City, State, Zip Code <u>Wrightstown, NJ 08562</u> | | | | | | |
| | | Name of Contact <u>Jayne Glover</u> | Telephone Number <u>[REDACTED]</u> | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>Atlantis Elementary School</u> | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | | | |
| Street Address <u>3 School Road</u> | | Square Feet | # of Floors | | | | | |
| City (5) <u>McGuire AFB, NJ</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>TTI Environmental</u> | | ASCM No. | Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> | | | | | |
| Street Address <u>1253 North Church Street</u> | | Street Address <u>PO Box 322</u> | | | | | | |
| City, State, Zip Code <u>Moorestown, NJ 08057</u> | | City, State, Zip Code <u>Allentown, NJ 08501</u> | | | | | | |
| Project Manager for Monitoring Firm <u>Michael Stocku</u> | Telephone No. <u>(856) 840-8800</u> | Telephone No. <u>(609) 259-9688</u> | License No. <u>00493</u> | | | | | |
| Start Date (10) <u>7/9/12</u> | Scheduled Completion Date (11) <u>7/9/12</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>7 AM - 3:30PM</u> | | Street Address <u>P.O. 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 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 |
| <u>Can Wash Room</u> | | | <u>pipe insulation</u> | <u>5 LF</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>1/2 CU</u> | Name of Registered Landfill <u>T.R.R.F., Inc.</u> | | | | |
| City, State <u>Allentown, NJ</u> | | Disposal Date <u>7/10/12</u> | | City, State <u>Tullytown, PA</u> | | | | |
| Completed By <u>Mahlon E. Stevens</u> | Title <u>Project Manager</u> | Signature  | | | Date <u>6/15/12</u> | | | |

STEVENS ENVIRONMENTAL
SERVICES INC
d/Neck # 24837

rd of Education

se Road

NJ08562

ASBESTOS CONTROL & LICENSING

Telephone Number