

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

*No check*

Date of Notification (1) 5/1/12 <i>6/19/12</i>		Name of Building Owner/Operator (2) Marian Emmons McKeown School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address One School road	
		City, State, Zip Code Newton, NJ 07860	
		Name of Contact Everett Burn	

**RECEIVED**  
JUN 22 2012  
ASBESTOS CONTROL &

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) One School Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Newton	Square Feet	# of Floors	Bldg. Age
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Street Address		Street Address 4 E Gate Drive, PO Box 483	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-764-2276	License No. 703
Start Date (10) 6/18/12	Scheduled Completion Date (11) 7/5/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input 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
Door 28			x	transite siding	26 SF	x			
Door 29			x	transite siding	26 SF	x			
Door 30			x	transite siding	26 SF	x			
Door 31			x	transite siding	26 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill
City, State Freehold NJ	Disposal Date TBD	City, State Morrisville PA	
Completed by Andrew Scott Higgins	Title President	Signature <i>[Signature]</i>	Date 6-19-12



Date of Notification (1) <u>0</u> <u>6</u> / <u>1</u> <u>8</u> / <u>1</u> <u>2</u>		Name of Building Owner/Operator (2) Fort Lee Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 2175 Lemoine Avenue, 6th Floor City, State, Zip Code Fort Lee, NJ 07024	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Name of Contact Cheryl Balletto	
		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fort Lee School No. 1			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 250 Hoym Street			Square Feet 40,000		
City (5) Fort Lee, NJ 07024			# of Floors 2		
County (6) Bergen			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
ASCM No. 000127			Street Address 180 Sargeant Avenue		
Street Address 307 North Walnut Street			City, State, Zip Code Clifton, NJ 07013-1935		
City, State, Zip Code West Chester, PA 19380			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Matt Abraham			License Number 00807		
Telephone Number 610-431-7545			Name of OSHA Monitor Four Strong Builders, Inc.		
Scheduled Start Date (10) 06/22/12			Street Address 180 Sargeant Avenue		
Sched. Completion Date (11) 07/06/12			City, State, Zip Code Clifton, NJ 07013		
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: Occupied Building - Other Trades					

## Scope of Work (Check all that apply)

- ☐ Demolition  
☐ >3 sf or >3 lf  
☒ >160 sf or >260 lf
- ☒ Renovation  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	M	O	V
Boiler Room	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	225 LF	<input checked="" type="checkbox"/>				
Boiler Room	<input checked="" type="checkbox"/>	Boiler Breeching Insulation	250 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 6/18/12

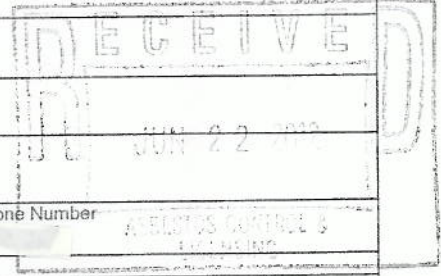


CK# 23026

65684

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

Date of Notification (1) 6 / 20 /12		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact MARY BETH BAKER		Telephone Number	



Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 71		Square Feet 39,250	# of Floors 3
City (5) RAHWAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL		Telephone Number 973-729-5649	License Number 460
Expected State Date (10) 5 / 24 /12		Name of OSHA Monitor AMERISCI LABORATORIES INC. #11480	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		City, State, Zip Code NEW YORK, NEW YORK 10016	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
THROUGHOUT		X	PIPE INSULATION & ELBOWS	2,320 LF	X			
THROUGHOUT		X	LAB BENCH TOPS	1,600 SF	X			
THROUGHOUT		X	FLOOR TILE & MASTIC	21,030 SF	X			
THROUGHOUT		X	TRANSITE FUME HOOD LINING	800 SF	X			
THROUGHOUT		X	CEILING TILE MASTIC DABS	4,045 SF	X			
THROUGHOUT		X	MASTIC ON CORK DUCT INSULATION	150 SF	X			
THROUGHOUT		X	TAR PAPER ON DUCTWORK & EXTERIOR	1,900 SF	X			
THROUGHOUT		X	ROOF FLASHING	2,100 SF	X			
THROUGHOUT		X	EXTERIOR DIDDING TRANSITE	900 SF	X			
THROUGHOUT		X	WINDOW GLAZING	600 SF	X			
THROUGHOUT		X	WATERPROOFING	1,100 SF	X			
THROUGHOUT		X	CAULK	50 SF	X			
EXTERIOR PIPE RACK		X	PIPE INSULATION	70 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY 07728-5010	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMET SRVICES 447 ALEXANDER DREIE/ROUTE 15 City, State MOTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/20/12



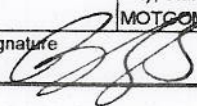
23026

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

Date of Notification (1) 5 / 10 / 12		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact MARY BETH BAKER	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)  MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 71		Square Feet 39,250	# of Floors 3
City (5) RAHWAY		Bldg. Age 72	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL		Telephone Number 973-729-5649	License Number 460
Expected State Date (10) 5 / 24 / 12 Month Day Year	Sched. Completion Date (11) 8 / 24 / 12 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC. #11480	
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: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR <input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code NEW YORK, NEW YORK 10016			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
THROUGHOUT			X	PIPE INSULATION & ELBOWS	2,320 LF	X			
THROUGHOUT			X	LAB BENCH TOPS	1,600 SF	X			
THROUGHOUT			X	FLOOR TILE & MASTIC	21,030 SF	X			
THROUGHOUT			X	TRANSITE FUME HOOD LINING	800 SF	X			
THROUGHOUT			X	CEILING TILE MASTIC DABS	4,045 SF	X			
THROUGHOUT			X	MASTIC ON CORK DUCT INSULATION	150 SF	X			
THROUGHOUT			X	TAR PAPER ON DUCTWORK & EXTERIOR	1,900 SF	X			
THROUGHOUT			X	ROOF FLASHING	2,100 SF	X			
THROUGHOUT			X	EXTERIOR DIDDING TRANSITE	900 SF	X			
THROUGHOUT			X	WINDOW GLAZING	600 SF	X			
THROUGHOUT			X	WATERPROOFING	1,100 SF	X			
THROUGHOUT			X	CAULK	50 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY 07728-5010		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 60		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMET SRVICES 447 ALEXANDER DREIE/ROUTE 15 City, State MOTCOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 5/10/12	



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

CK # 23028

Date of Notification (1)

6 / 21 /12

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #1  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY N

Name of Building Owner/Operator (2)  
HESS CORPORATION

Street Address

1 HESS PLAZA

City, State, Zip Code

WOODBIDGE, NEW JERSEY 07095

Name of Contact

DAVID CERULO

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

HESS PLAZA

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1 HESS PLAZA

Square Feet

187,000

# of Floors

13

Bldg. Age

42

City (5)

WOODBIDGE

County (6)

MIDDLESEX

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

HILLMANN ENVIRONMENTAL

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

1600 ROUTE 22

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

UNION, NEW JERSEY 07083

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

MIKE NEHLSSEN

Telephone Number

908-377-5644

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

6 / 25 /12

Sched. Completion Date (11)

6 / 15 /13

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MON. - FRI. 6 PM - 2:30 AM

Street Address

1376 ROUTE 9 W

City, State, Zip Code

WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR  
☒ Renovation

☒ Full Containment with Negative Pressure

☐ Mini-Enclo.  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR-MECHANICAL ROOM			X	DUCT INSULATION	665 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	PIPE FITTINGS INSULATION	207 LF	X			
1ST FLOOR-MECHANICAL ROOM			X	VIBRATION CLOTH	4 SF	X			
1ST FLOOR-MECHANICAL ROOM			X	GASKETS	10 SF	X			
1ST FLOOR-BOILER ROOM			X	PIPE FITTINGS INSULATION	45 LF	X			
1ST FLOOR-BOILER ROOM			X	DUCT INSULATION	240 SF	X			
13TH FLOOR - MER ROOM			X	DUCT INSULATION	770 SF	X			
1ST FLOOR HALLWAY			X	PIPE FITTINGS	20 LF	X			
1ST FLOOR STORAGE ROOM			X	PIPE FITTINGS	13 LF	X			
1ST FLOOR STORAGE ROOM			X	VAT & MASTIC	300 SF	X			
13TH FLOOR - MER ROOM			X	GASKET	35 SF	X			
13TH FLOOR - MER ROOM			X	PIPE FITTING INSULATION	180 LF	X			
1ST FLOOR OFFICE AREA			X	FLOOR TILE MASTIC	500 SF	X			
1ST FLOOR OFFICE AREA			X	PIPE FITTINGS	25 LF	X			
1ST FLOOR GENERATOR ROOM			X	PIPE FITTINGS	25 LF	X			
ADDITION TO SCOPE:									
10TH FLOOR-ENTIRE			X	VAT & MASTIC	8,005 SF	X			
10TH FLOOR-ENTIRE			X	PIPE FITTINGS	75 LF	X			
10TH FLOOR-ENTIRE			X	COVE BASE MOLDING MASTIC	495 LF	X			
10TH FLOOR-ENTIRE			X	JOINT COMPOUND W/ WALL BOARD	12,180 SF	X			
10TH FLOOR-ENTIRE			X	PERIMETER CONDENSER TAR	25 SF	X			
10TH FLOOR-ENTIRE			X	JOINT COMPOUND WALL DABS	700 SF	X			
8TH FLOOR -ENTIRE			X	VAT & MASTIC	8,005 SF	X			
8TH FLOOR -ENTIRE			X	PIPE FITTINGS	75 LF	X			
8TH FLOOR -ENTIRE			X	JOINT COMPOUND W/ WALL BOARD	12,180 SF	X			
8TH FLOOR -ENTIRE			X	COVE BASE MOLDING MASTIC	495 SF	X			
8TH FLOOR -ENTIRE			X	JOINT COMPOUND WALL DABS	700 SF	X			
8TH FLOOR -ENTIRE			X	PERIMETER CONDENSER TAR	25 SF	X			
7TH FLOOR-ENTIRE			X	VAT & MASTIC	8,005 SF	X			
7TH FLOOR-ENTIRE			X	PIPE FITTINGS	75 LF	X			
7TH FLOOR-ENTIRE			X	JOINT COMPOUND W/ WALL BOARD	12,180 SF	X			
7TH FLOOR-ENTIRE			X	COVE BASE MOLDING MASTIC	495 SF	X			

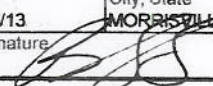


7TH FLOOR-ENTIRE		X	JOINT COMPOUND WALL DABS	700 SF	X		
7TH FLOOR-ENTIRE		X	PERIMETER CONDENSER TAR	25 SF	X		
Name of Registered Waste Hauler DJM TRANSPORT , LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL				
City, State KEARNEY, NEW JERSEY		Disposal Date 06/25/12-06/15/13	City, State MORRISVILLE, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 6/21/17				





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


Date of Notification (1) 6 / 8 /12		Name of Building Owner/Operator (2) HESS CORPORATION	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N	
Street Address 1 HESS PLAZA		City, State, Zip Code WOODBIDGE, NEW JERSEY 07095	
Name of Contact DAVID CERULO		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HESS PLAZA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 HESS PLAZA		Square Feet 187,000	# of Floors 13
City (5) WOODBIDGE		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 1600 ROUTE 22		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code UNION, NEW JERSEY 07083		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm MIKE NEHLSEN		Telephone Number 908-377-5644	Telephone Number 845-369-7500
Expected State Date (10) 6 / 22 / 12		Sched. Completion Date (11) 6 / 15 / 13	License Number 460
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: MON. - FRI. 6 PM - 2:30 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Street Address 1376 ROUTE 9 W		City, State, Zip Code WAPPINGERS FALLS, NY 12590	
Scope of Work (Check all that apply)			
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Abatement Type			
REMOVAL REPAIR ENCAPSUL ENCLOSURE			
1ST FLOOR-MECHANICAL ROOM	X	DUCT INSULATION	665 SF
1ST FLOOR-MECHANICAL ROOM	X	PIPE FITTINGS INSULATION	207 LF
1ST FLOOR-MECHANICAL ROOM	X	VIBRATION CLOTH	4 SF
1ST FLOOR-MECHANICAL ROOM	X	GASKETS	10 SF
1ST FLOOR -BOILER ROOM	X	PIPE FITTINGS INSULATION	45 LF
1ST FLOOR-BOILER ROOM	X	DUCT INSULATION	240 SF
13TH FLOOR - MER ROOM	X	DUCT INSULATION	770 SF
1ST FLOOR HALLWAY	X	PIPE FITTINGS	20 LF
1ST FLOOR STORAGE ROOM	X	PIPE FITTINGS	13 LF
1ST FLOOR STORAGE ROOM	X	VAT & MASTIC	300 SF
13TH FLOOR - MER ROOM	X	GASKET	35 SF
13TH FLOOR - MER ROOM	X	PIPE FITTING INSULATION	180 LF
1ST FLOOR OFFICE AREA	X	FLOOR TILE MASTIC	500 SF
1ST FLOOR OFFICE AREA	X	PIPE FITTINGS	25 LF
1ST FLOOR GENERATOR ROOM	X	PIPE FITTINGS	25 LF
Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 10	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY	Disposal Date 06/22/12-06/15/13	City, State MORRISTOWN, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/8/12





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

151


Date of Notification (1) <b>June 19, 2012</b>		Name of Building Owner/Operator (2) <b>Petrucelli Contracting</b>						
Agencies Notified	Type Notification	Street Address <b>46 E. Mountain Road</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code <b>Hillsborough, NJ 08844</b>						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Mr. Tony Petrucelli</b>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>684 Newark Ave</b> Street Address <b>684 Newark Ave</b> City (5) <b>Jersey City, NJ</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Building</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, LLC</b> Street Address <b>1600 Route 22 East</b> City, State, Zip Code <b>Union, NJ 07083</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b> Street Address <b>1500 Kings HWY N, STE 209</b> City, State, Zip Code <b>Cherry Hill, NJ 08034</b>					
Project Manager for Monitoring Firm <b>Thomas Rubino</b>		Telephone No. <b>908-956-1233</b>	Telephone No. <b>(973) 759 - 5000</b> License No. <b>00781</b>					
Start Date (10) <b>7/5/12</b>	Scheduled Completion Date (11) <b>7/22/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b> Street Address <b>1500 Kings HWY N, STE 209</b> City, State, Zip Code <b>Cherry Hill, NJ 08034</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____								
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>3325 s/f</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
multi purpose room / kitchen		<input checked="" type="checkbox"/>	Vat/Mastic		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting / Rovic</b> City, State <b>Newark / Riverdale, NJ</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>33.2</b> Disposal Date <b>7/22/12</b>	Name of Registered Landfill <b>Cumberland County Landfill</b> City, State <b>Newburg, PA</b>				
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 	Date <b>6/19/12</b>				



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

65683

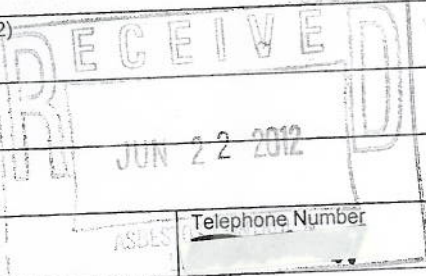

2604

Date of Notification (1) 6/20/12		Name of Building Owner/Operator (2) West Deptford Board Of Ed							
Agencies Notified		Street Address 675 Grove Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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							
		City, State, Zip Code West Deptford NJ 08066							
		Name of Contact Myron Hall							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Red Bank Elementary 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 192 Philadelphia Av		Square Feet 1000 +							
City (5) Thorafare NJ 08086		# of Floors 2 1							
County (6) Gloucester		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 7/3/12		License No. 00727							
Scheduled Completion Date (11) 7/13/12		Name of OSHA Monitor Pernaco 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: 1st or 2nd shift		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Room 4		X		Floor tile / mastic	860 sf	X			
Room 12				Floor tile / mastic	860 sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 7/13/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/20/12			



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


65682 2605

Date of Notification (1) 6/20/12		Name of Building Owner/Operator (2) West Deptford Board Of Ed							
Agencies Notified		Street Address 675 Grove Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code West Deptford NJ 08066							
Type Notification		Name of Contact Myron Hall		Telephone Number					
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) West Deptford High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 1600 Crown Point Road				Square Feet 1000 +	# of Floors 2				
City (5) W. Deptford NJ 08066				Bldg. Age 35+					
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 7/3/12		Scheduled Completion Date (11) 7/13/12		Name of OSHA Monitor Pernaco 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: 1st or 2nd shift				Street Address PO Box 329					
				City, State, Zip Code West Berlin NJ 08091					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Room 28		X		Floor tile / mastic	918 sf	X			
Room 24				Floor tile / mastic	918 sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 7/13/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/20/12		

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

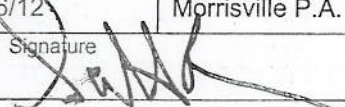


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/20/12		Name of Building Owner/Operator (2) West Deptford Board Of Ed							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 675 Grove Road							
		City, State, Zip Code West Deptford NJ 08066							
		Name of Contact Myron Hall							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Green Fields Elementary 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 15 Hill Lane		Square Feet 1000 +							
City (5) West Deptford NJ 08066		# of Floors 21							
County (6) Gloucester		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____ Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/3/12	Scheduled Completion Date (11) 7/13/12	Name of OSHA Monitor Pernaco 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: 1st or 2nd shift		Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 124		x		Floor tile / mastic	860 sf	x			
						x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/13/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/20/12		



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

Date of Notification (1) 6/19/12		Name of Building Owner/Operator (2) Port Authority of New York and New Jersey							
Agencies Notified	Type Notification	Street Address 260 Kellogg St							
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark New Jersey							
		Name of Contact Ronald Shaw	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Port Newark Marine Terminal		Type of Facility (4)							
Street Address 121 Tyler St		<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) Newark New Jersey		Square Feet 24882	# of Floors 1						
		Bldg. Age 35+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of New York and New Jersey		ASCM No.	Name of Abatement Contractor (9) Tricon Enterprises Inc.						
Street Address 241 Erie St		Street Address 322 Beers Street							
City, State, Zip Code Jersey City N.J. 07310		City, State, Zip Code Keyport, N.J. 07735							
Project Manager for Monitoring Firm Uday Metha		Telephone No. 201-595-4881	License No. 01095						
Start Date (10) 5/14/12	Scheduled Completion Date (11) 7/30/12	Name of OSHA Monitor N/A							
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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" 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) 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
SEE ATTACHED			X	SEE ATTACHED		X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler Horizon Disposal services Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste	Name of Registered Landfill Grows North Landfill					
City, State 235 Gibbs Avenue Trenton, N.J. 08611			Disposal Date 7/26/12	City, State Morrisville P.A.					
Completed by Scott Rubin		Title Project Manager	Signature 			Date 6/19/12			



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

Date of Notification (1) <div style="text-align: center;">June 19, 2012</div>		Name of Building Owner/Operator (2) DeForest Demolition	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address 2406 Herbertsville Road	
		City, State, Zip Code Point Pleasant, NJ 08742	
		Name of Contact Dane	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 26 Pearce Avenue					
City Manasquan	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/19/12		Scheduled Completion Date (11) 6/20/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 6/21/12	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 6/19/2012

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



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

65678

Date of Notification (1) <b>June 19, 2012</b>		Name of Building Owner/Operator (2) <b>Syndale Corporation</b>	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL [ x ] DOH [ ] DCA	Type of Notification [ x ] Initial Notification [ ] Amended Notification Amendment # _____ [ ] Emergency (including justification) [ ] Cancellation	Street Address <b>P O Box 3246</b>	
		City, State, Zip Code <b>Harvey Cedars, NJ 08008</b>	
		Name of Contact <b>Philip Garfinkle</b>	Telephone Number <b>[REDACTED]</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Billiard Hall</b>			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1651 Route 9</b>					
City <b>Toms River</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>10,000 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>7/2/12</b>		Scheduled Completion Date (11) <b>7/6/12</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ ] Mini-Enclosure	
				[ ] Glovebag Procedure	
				[ x ] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos roof flashing	300 sf	X			

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>	Disposal Date <b>7/9/12</b>	City, State <b>Tullytown, Pennsylvania</b>	
Completed by (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>	Date <b>6/19/2012</b>

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



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

Date of Notification (1) <b>6-18-12</b>		Name of Building Owner/Operator (2) <b>Princeton University</b>							
Agencies Notified	Type Notification	Street Address <b>E.A. MacMillan Building</b>							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Jean Crider</b>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Vacant House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>119 Fitzrandolph Road</b>		Square Feet <b>2,200</b>	# of Floors <b>3</b>						
City (5) <b>Princeton</b>		Bldg. Age <b>60yrs.</b>							
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. _____							
Street Address <b>515 Grove Street, Suite 1B</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>923 Haws Avenue</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>610-239-9920</b>						
Start Date (10) <b>6-20-12</b>		Scheduled Completion Date (11) <b>6-22-12</b>	License No. <b>00398</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st floor		x		floor tile & mastic	270 SF	x			
1st floor		x		duct insulation	150 SF	x			
2nd floor		x		duct insulation	30 SF	x			
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS, Inc.</b>					
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>6-22-12</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>		Signature <i>Timothy E. Bryan</i>				Date <b>6-18-12</b>	



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

Check # 8443

Date of Notification (1) 6-18-12		Name of Building Owner/Operator (2) Princeton University		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Holmes</i> (signature) Date: 6/18/12 Time: 2:00 PM																	
Agencies Notified	Type Notification	Street Address E.A. MacMillan Building		City, State, Zip Code Princeton, NJ 08544																	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jean Crider		Telephone Number _____																	
FACILITY INFORMATION																					
Name of Facility Where Abatement is Taking Place (3) Vacant House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)																		
Street Address 119 Fitzrandolph Road			Square Feet 2,200																		
City (5) Princeton			# of Floors 3		Bldg. Age 60 yrs																
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)																	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.																	
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue		City, State, Zip Code Norristown, PA 19401																	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401		License No. 00398																	
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-547-0505		Telephone No. 610-239-9920																	
Start Date (10) 6-20-12		Scheduled Completion Date (11) 6-22-12		Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue																		
			City, State, Zip Code Norristown, PA 19401																		
Scope of Work (Check All That Apply)																					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)																
	Yes	No	N/A																		
1st floor		x		floor tile & mastic	270 SF																
1st floor		x		duct insulation	150 SF																
2nd floor		x		duct insulation	30 SF																
Abatement Type																					
<table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>x</td> <td></td> <td></td> <td></td> </tr> <tr> <td>x</td> <td></td> <td></td> <td></td> </tr> <tr> <td>x</td> <td></td> <td></td> <td></td> </tr> </table>						Removal	Repair	Encapsulate	Enclosure	x				x				x			
Removal	Repair	Encapsulate	Enclosure																		
x																					
x																					
x																					
Name of Registered Waste Hauler Robinson Waste		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 2	Name of Registered Landfill GROWS, Inc.																
City, State Bellmawr, NJ		Disposal Date 6-22-12		City, State Morrisville, PA																	
Completed by Timothy E. Bryan		Title Vice-President		Signature <i>Timothy E. Bryan</i>	Date 6-18-12																



CR # 1510

65076

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

RECEIVED  
22 2012

Date of Notification (1) <b>6-20-12</b>		Name of Building Owner/Operator (2) <b>TEN ACRE FOUNDATION</b>	
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 of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>GREAT ROAD P.O. BOX</b>		City, State, Zip Code <b>PRINCETON NJ 08</b>	
Name of Contact <b>Bill Bunting</b>		Telephone Number <b>[REDACTED]</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>TEN ACRE FOUNDATION</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>GREAT RD NORTH WING</b>		Square Feet <b>3300</b>	
City (5) <b>PRINCETON</b>		# of Floors <b>1</b>	
County (6) <b>MERCER</b>		Bldg. Age <b>50</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>NORTH WING</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>ACE INSULATION CO INC</b>	
City, State, Zip Code		Street Address <b>95 MONTROSE RD</b>	
Project Manager for Monitoring Firm <b>6-30-12</b>		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Telephone No.		Telephone No. <b>732 294 1757</b>	
Start Date (10) <b>6-30-12</b>		License No. <b>00029</b>	
Scheduled Completion Date (11) <b>7-19-12</b>		Name of OSHA Monitor <b>ACE INSULATION CO INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am - 7pm</b>		Street Address <b>95 MONTROSE RD</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> $\geq 1$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>COLTS NECK NJ 07722</b>	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>interior</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>POP CORN CEILING</b>	
Amount (Specify SF or LF) <b>3300 SF</b>		Abatement Type Removal Repair Enclosure <input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>ACE INSULATION</b>		NJDEP Waste Hauler ID No. <b>12086</b>	
City, State <b>COLTS NECK NJ</b>		Cubic Yards of Waste <b>9</b>	
Disposal Date <b>7-19-12</b>		Name of Registered Landfill <b>ICSI</b>	
City, State <b>BETHLEHEM PA</b>		Signature <b>Jack GALL</b>	
Completed By <b>Jack GALL</b>		Title <b>OPS MGR</b>	
Date <b>6-20-12</b>		Date <b>6-20-12</b>	



CKH 1511

65675

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:68 and 13:120)

RECEIVED  
JUN 29 2012

Date of Notification (1) <u>6-20-12</u>		Name of Building Owner/Operator (2) <u>ANITA DIETRICK</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> POL <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 <u>2002 OCEAN AVE (RT 35)</u> City, State, Zip Code <u>POINT PLEASANT BEACH NJ</u>						
		Name of Contact <u>MIKE JACOBS</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>ANITA DIETRICK</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>2002 RT 35</u>		Square Feet <u>3600</u>	# of Floors <u>2</u>					
City (5) <u>POINT PLEASANT BEACH</u>		Bldg. Age <u>70</u>						
County (6) <u>OCEAN</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>HOUSE / GARAGE</u>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>ACE INSULATION CO. INC</u>					
Street Address		Street Address <u>95 MONTROSE RD</u>						
City, State, Zip Code		City, State, Zip Code <u>COLTS NECK NJ 07722</u>						
Project Manager for Monitoring Firm		Telephone No. <u>732-294-1757</u>	License No. <u>00029</u>					
Start Date (10) <u>6-30-12</u>	Scheduled Completion Date (11) <u>7-7-12</u>	Name of OSHA Monitor <u>ACE INSULATION CO. INC</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>7am - 7pm</u>		Street Address <u>95 MONTROSE RD</u>						
		City, State, Zip Code <u>COLTS NECK NJ 07722</u>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Movebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible 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) <u>3600 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			<u>SIX INCH</u>					
Name of Registered Waste Hauler <u>ACE INSULATION CO.</u>		NJDEP Waste Hauler ID No. <u>12086</u>	Cubic Yards of Waste <u>8</u>	Name of Registered Landfill <u>CHROMS LAND FILL</u>				
City, State <u>COLTS NECK NJ 07722</u>		Disposal Date <u>7-7-12</u>	City, State <u>ENGLISHTON PA</u>					
Completed By <u>Jack GALL</u>	Title <u>OPS mgr</u>	Signature <u>Jack GALL</u>	Date <u>6-20-12</u>					



APPROVED: PAUL HORNER, NJ DOH

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

Date of Notification (1) <b>6/18/12</b>		Name of Building Owner / Operator (2) <b>State of NJ Department of Corrections</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>PO Box 11401</b> City, State & Zip Code <b>Yardville, NJ 08620</b> Name of Contact <b>Joseph E. May</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Garden State Correctional</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>Highbridge Rd. (off RT 130)</b>		Square Feet <b>100000</b>	# of Floors <b>1</b>						
City (5) <b>Yardville, NJ</b>		County (6) <b>Mercer</b>	Bldg. Age <b>30+</b>						
County Code (7)		Current Use (Prior if being demolished) <b>Correctional</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>						
Street Address <b>120 N. Warren St</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Jim Frisbee</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>6/18/12</b>	Scheduled Completion Date (11) <b>6/19/12</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM to 1:30 AM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	Enclose
Medical Supervisors Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Debris cleanup	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Supervisors Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured Ceiling	150 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Bristol Environmental Inc</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste <b>1 Cu yd</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Bristol, PA</b>		Disposal Date <b>6/19/12</b>		City, State <b>Morrisville PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>		Signature <i>Gino Pizzigoni / jl</i>			Date <b>6/18/12</b>		



932-010

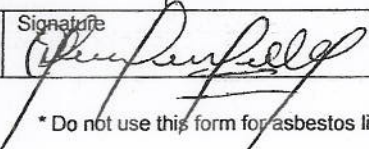
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/19/2012		Name of Building Owner/Operator (2) JOSEPH MAYER	
Agencies Notified	Type Notification	Street Address 333 POMPTON AVE.	
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code POMPTON LAKES N.J. 07442	
		Name of Contact JOSEPH MAYER	Telephone Number

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JUN 22 2012  
ASBESTOS CONTROL &

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address 77- ATHERTON COURT		<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) WAYNE N.J. 07470		Square Feet 2,500 SF	# of Floors 2 STORIES
County (6)		County Code (7) (STATE USE ONLY)	Bldg. Age 92 YEARS
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC
Street Address		Street Address 22 VAN ORDEN PLACE	
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-708-4270
			License No. 01135
Start Date (10) 06/28/2012	Scheduled Completion Date (11) 06/29/2012	Name of OSHA Monitor J&S ENVIRONMENTALSERVICES	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 ROUTE22 WEST	
<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 UNION N.J. 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR		X		VAT FLOOR TILE	1156 SF	X			

Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 1	Name of Registered Landfill TRI STATE SERVICES	
City, State HACKENSACK N.J. 07601		Disposal Date 07/02/2012		City, State BRONX N.Y. 10474	
Completed by CARLOS ESQUIVEL		Title SUPERVISOR	Signature 	Date 06/19/2012	



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

65672

ck 2246

Date of Notification (1) 6/19/12		Name of Building Owner/Operator (2) Charlie Radice	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 321 Martin Road		City, State, Zip Code Union Township, NJ 07083	
Name of Contact Charlie Radice		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		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 321 Martin Road		Square Feet [REDACTED]	
City (5) Union Township		# of Floors 2	
County (6) UNION		Bldg. Age 65+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) EA SERVICES CORP.	
City, State, Zip Code		Street Address 426 69th street	
Project Manager for Monitoring Firm		City, State, Zip Code Guttenberg, NJ 07093	
Telephone No.		Telephone No. 201-295-1700	
Start Date (10) 6/30/12		License No. 01074	
Scheduled Completion Date (11) 7/2/12		Name of OSHA Monitor EA Services Corp	
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 426 69th street	
		City, State, Zip Code Guttenberg, NJ 07093	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		P.P. Insulation	30 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management	
City, State PO BOX 5010, FREEHOLD, NJ		Disposal Date TBD		City, State Tollytown Lanfill			
Completed by Gina Salvador		Title office Manager		Signature [Signature]		Date 6/19/2012	



D&amp;S Proj. #: MS 12-219

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

003660

Date of Notification (1) 06/19/12		Name of Building Owner/Operator (2) RAUL PONTI	
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 9 LLEWELLYN ROAD		City, State, Zip Code SUMMIT, NJ	
Name of Contact RAUL PONTI		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RAUL PONTI			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 9 LLEWELLYN ROAD			Square Feet # of Floors Bldg. Age		
City (5) SUMMIT	County (6) UNION	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) 06/25/12	Sched. Completion Date (11) 07/06/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

## Scope of Work (check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf ☒ Renovation  
☐  $\geq 160$  sf or  $\geq 260$  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						
PIPE INSULATION		<input checked="" type="checkbox"/>		PIPE INSULATION	30 L.FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 06/26/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/19/12	



D&S Proj. #: MS 12-219

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

DOL - 10 DAY

Date of Notification (1) 06/11/12		Name of Building Owner/Operator (2) RAUL PONTI	
Agencies Notified <input type="checkbox"/> FPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 9 LEWELLYN ROAD City, State, Zip Code SUMMIT, NJ	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact RAUL PONTI	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RAUL PONTI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 9 LEWELLYN ROAD			Square Feet # of Floors Bldg. Age		
City (5) SUMMIT	County (6) UNION	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) 06/25/12		Sched. Completion Date (11) 07/06/12	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >180 sf or >280 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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						
PIPE INSULATION		X		PIPE INSULATION	30 LFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/26/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 06/19/12

ASB-41

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



State of NJ

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

D&amp;S Proj. #: MS 12-220



65670

Date of Notification (1): 06/19/12

Name of Building Owner/Operator (2): ANNE ESSNER

Street Address: 2 VAN BEUREN

City, State, Zip Code: MORRIS TWP., NJ

Name of Contact: ANNE ESSNER

Telephone Number: [REDACTED]

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

Type Notification: ☐ Initial, ☐ Amended, ☒ Emergency (including justification), ☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3): ANNE ESSNER

Street Address: 2 VAN BEUREN ROAD

City (5): MORRIS TWP., County (6): MORRIS, County Code (7) (State use only):

Type of Facility (4): ☐ School (K - 12), ☐ Subchapter 8 (Other than K-12), ☒ 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): ASCM No.:

Street Address: D & S RESTORATION, INC.

City, State, Zip Code: 20 California Ave., Paterson, NJ 07503

Telephone Number: 973-345-8020, License Number: 00159

Name of OSHA Monitor: D & S Restoration, Inc.

Street Address: 20 California Avenue

City, State, Zip Code: Paterson, NJ 07503

Project Manager for Monitoring Firm: Phone Number:

Start Date (10): 06/28/12, Sched. Completion Date (11): 07/06/12

Occupancy Status During Abatement (Check only one): ☐ Facility closed/vacated during entire period of abatement, ☐ Abatement performed outside of normal facility hours- Describe: ☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply): ☒ >3 sf or >3 lf, ☒ Renovation, ☐ >160 sf or >280 lf, ☐ Demolition

☐ Full Containment w/negative pressure, ☐ Mini-enclosure, ☒ Glovebag procedure, ☐ Non-Exempted (\*) and Non-triable 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	Enclose
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	80 L FT	X			

Registered Waste Hauler: D & S RESTORATION, INC., NJDEP Hauler ID#: 13506, Cubic Yards of Waste: 1 YD, Name of Registered Landfill: TULLYTOWN, RESOURCE RECOVERY

City, State: PATERSON, NJ 07503, Disposal Date: 06/29/12, City, State: TULLYTOWN, PA

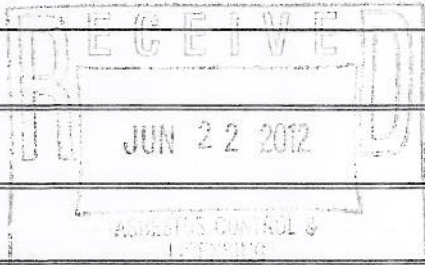
Completed by (Print or Type): BOGDAN JOLDZIC, Title: PRESIDENT, Signature: [REDACTED], Date: 06/19/12

ASB-41

Do not use this form for asbestos licensure exempted activities.



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

Date of Notification (1) <u>06/11/12</u>		Name of Building Owner/Operator (2) <b>ANNE ESSNER</b>		
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>2 VAN BEUREN</b>		
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>MORRIS TWP., NJ</b>		
		Name of Contact <b>ANNE ESSNER</b>		
		Telephone Number [REDACTED]		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>ANNE ESSNER</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>2 VAN BEUREN ROAD</b>					
City (5) <b>MORRIS TWP.</b>	County (6) <b>MORRIS</b>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b>		
Street Address			Street Address <b>20 California Ave.</b>		
City, State, Zip Code			City, State, Zip Code <b>Paterson, NJ 07503</b>		
Project Manager for Monitoring Firm	Phone Number		Telephone Number <b>973-345-8020</b>	License Number <b>00159</b>	
Start Date (10) <b>06/28/12</b>	Sched. Completion Date (11) <b>07/06/12</b>		Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <b>NORMAL HOURS</b>			Street Address <b>20 California Avenue</b>		
			City, State, Zip Code <b>Paterson, NJ 07503</b>		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<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									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT	Yes	No	N/A	PIPE INSULATION	80 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>1 YD</b>	Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>06/29/12</b>		City, State <b>TULLYTOWN, PA</b>	
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>		Signature _____	
				Date <b>06/19/12</b>	



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

D&S Proj. #: MS 12-230

003659

Date of Notification (1) <u>10/6/19/12/1</u>		Name of Building Owner/Operator (2) <u>MARY DELA HUNT</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 #: _____	Street Address <u>343 WALNUT STREET</u>	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code <u>NUTLEY, NJ 07110</u>	
	<input type="checkbox"/> Cancellation	Name of Contact <u>MARY DELA HUNT</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>MARY DELA HUNT</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>343 WALNUT STREET</u>			Square Feet _____		
City (5) <u>NUTLEY</u>			# of Floors _____		
County (6) <u>ESSEX</u>			Bldg. Age _____		
County Code (7) (State use only)			Current Use (Prior if being demolished) _____		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) <u>D &amp; S RESTORATION, INC.</u>	
Street Address _____		Street Address <u>20 California Ave.</u>		City, State, Zip Code <u>Paterson, NJ 07503</u>	
City, State, Zip Code _____		Telephone Number <u>973-345-8020</u>		License Number <u>00159</u>	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor <u>D &amp; S Restoration, Inc.</u>	
Start Date (10) <u>06/30/12</u>		Sched. Completion Date (11) <u>07/06/12</u>		Street Address <u>20 California Avenue</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- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				City, State, Zip Code <u>Paterson, NJ 07503</u>	

Scope of Work (check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf      ☒ Renovation  
☐  $\geq 160$  sf or  $\geq 260$  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	104 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D &amp; S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>07/02/12</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>06/19/12</u>



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

Page 1 of 1  
Check #1633

Date of Notification (1) 6/19/2012		Name of Building Owner/Operator (2) Pascack Valley Regional High School District							
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 46 Akers Avenue						
			City, State, Zip Code Montvale, NJ 07645						
			Name of Contact Bill Fahey						
			ASBL Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Piermont Ave		Square Feet 115000	# of Floors 2						
City (5) Hillsdale		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No. 00117	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 318 12th Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Jim		Telephone No. 609-704-8850	Telephone No. 201-710-9725						
License No. 01084									
Start Date (10) 7-23-2012	Scheduled Completion Date (11) 7-28-2012	Name of OSHA Monitor GL Group, 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 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Cafeteria Courtyard		X		ACM Transite	700 SF	X			
Facilities Storage Room		X		Wrap / Cut ACM Pipe	8 LF	X			
Facilities Storage Room		X		Wrap / Cut ACM Elbows	40 PC	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS				
City, State Bloomingdale, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 06/19/2012		



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

Page 1 of 1

Check No. 1632

Date of Notification (1) 06/19/2012		Name of Building Owner/Operator (2) Pascack Valley Regional High School District							
Agencies Notified	Type Notification	Street Address 46 Akers Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ 07645							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Bill Fahey							
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) Pascack Valley High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Piermont Ave		Square Feet 115000	# of Floors 2						
City (5) Hillsdale		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No. 00117	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 318 12th Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Hammononton, NJ 08037		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Jim		Telephone No. 609-704-8850	Telephone No. 201-710-9725						
Start Date (10) 07-03-2012		Scheduled Completion Date (11) 7-09-2012	License No. 01084						
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: Sub-8 unoccupied		Name of OSHA Monitor GL Group, Inc							
		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym Hallway		X		Sheetrock Joint Compund	225 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 06-19-2012			



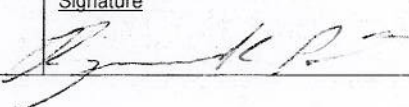
**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 2561

GAC Project # 060-12

Client Project #

45689

Date of Notification (1) <b>June 19, 2012</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BUSCH CENTRAL HEATING PLANT, BLDG# 3540</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>BUSCH CAMPUS</b>		Current Use (prior if being demolished): <b>HEATING PLANT</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>06/29/12</b>	Scheduled Completion Date (11) <b>07/02/12</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Shift Hours: 3:00 PM - 5:00 AM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) <b>9 LF</b>
<b>101</b>	<input checked="" type="checkbox"/>	<b>TSI - Pipe Insulation</b>	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>07/02/12</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature 	Date <b>June 19, 2012</b>



# State of New Jersey - Notification of Asbestos Abatement

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

GAC # 2012-327

<b>Date of Notification (1)</b> <b>June 20, 2012</b>		<b>Name of Building Owner/Operator (2)</b> <b>New Jersey Turnpike Authority</b>	
<b>Agencies Notified</b> EPA DCA x DOL x DEP (no longer required) x DOH	<b>Notification Type</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<b>Street Address</b> <b>581 Main Street. PO Box 5042</b> <b>City, State, Zip Code</b> <b>Woodbridge, NJ 07095</b>	
		<b>Name of Contact</b> <b>Mark Connors/ C/O AECOM</b>	<b>Telephone Number</b> [Redacted]
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>NJTPK -Underside of the Florence-Columbus Rd Bridge</b> <b>Mile Post 48.7 to 50.5</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: NA # of Floors: NA Bldg. Age: 60 years</b>	
<b>Street Address</b> <b>NJTPK Florence-Columbus Road Bridge</b>		<b>Current Use (prior if being demolished): OVERPASS/BRIDGE</b>	
<b>City (5)</b> <b>Township of Mansfield</b>	<b>County (6)</b> <b>Burlington</b>	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>N/A-Visual Inspection By: AECOM Inc.</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>Street Address</b> <b>30 Knightsbridge Road, Suite 520</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>Mark Connors</b>	<b>Telephone Number</b> <b>732-672-7519</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>June 21, 2012</b>	<b>Scheduled Completion Date (11)</b> <b>June 30, 2012</b>	<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <b>Exterior Excavation Area Work Hours:</b> <b>7:30am-5pm (Schedule subject to change depending on weather and traffic conditions, etc.)</b>		<b>Street Address</b> <b>1056 Stelton Road</b> <b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>NJTPK, Underside of the Florence Columbus Rd Bridge</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>Transite Conduit (underground)</b>	<b>Amount (Specify SF or LF)</b> <b>3500 LF</b>
		<b>Abatement Type</b> Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>	<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste: 10</b>	<b>Name of Registered Landfill</b> <b>GROWS Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>Disposal Date</b> <b>June 30, 2012</b>	<b>City, State</b> <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>
<b>Hauler #2) MXI Express, Inc. Maumee Express, Inc.</b> <b>297 Zimmerman Lane, Langhorne, PA</b>			
<b>Completed by (Print or Type)</b> <b>Raymond C. Pedalino</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>	<b>Date</b> <b>June 20, 2012</b>



# State of New Jersey - Notification of Asbestos Abatement

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

DOL - 10 DAY

GAC # 2012-127

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) <b>June 20, 2012</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>	
Agencies Notified EPA DCA x DOL x DEP (no longer required) x DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancelled	
Street Address <b>581 Main Street, PO Box 5042</b>		City, State, Zip Code <b>Woodbridge, NJ 07095</b>	
Name of Contact <b>Mark Connors C/O AECOM</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>NJTPK - Underside of the Florence-Columbus Rd Bridge</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Mile Post <b>48.7 to 50.5</b>		Sq. Feet: <b>NA</b> # of Floors: <b>NA</b> Bldg. Age: <b>60</b> years	
Street Address <b>NJTPK Florence-Columbus Road Bridge</b>		Current Use (prior if being demolished): <b>OVERPASS/BRIDGE</b>	
City (5) <b>Township of Mansfield</b>	County (6) <b>Burlington</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>N/A-Visual Inspection By: AECOM Inc.</b>		ASCM No.	
Street Address <b>30 Knightsbridge Road, Suite 520</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Placataway, NJ 08854</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>Butler, NJ 07406</b>		City, State, Zip Code <b>Butler, NJ 07406</b>	
Project Manager for Monitoring Firm <b>Mark Connors</b>	Telephone Number <b>732-672-7519</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>June 21, 2012</b>	Scheduled Completion Date (11) <b>June 30, 2012</b>	Name of OSHA Monitor <b>EMSL Inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Exterior Excavation Area Work Hours: <b>7:30am-5pm (Schedule subject to change depending on weather and traffic conditions, etc.)</b>		Street Address <b>1058 Stelton Road</b>	
		City, State, Zip Code <b>Placataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> > 3 of or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) <b>3600 LF</b>
<b>NJTPK, Underside of the Florence Columbus Rd Bridge</b>	<input checked="" type="checkbox"/>	<b>Transite Conduit (underground)</b>	<b>3600 LF</b>
Name of Reg. Waste Hauler <b>Sec Hauler Below # 1 &amp; 2</b>	NJ DEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10</b>	Name of Registered Landfill <b>GROWS Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12561</b>	Hauler #2) <b>MXI Express, Inc. Maumee Express, Inc.</b> <b>297 Zimmerman Lane, Langhorne, PA</b>	Disposal Date <b>June 30, 2012</b>	City, State <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-843-2784</b>
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>June 20, 2012</b>



CK  
4472

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

RECEIVED  
APPROVED  
NJ DEPT. of Health & Senior Services  
JUN 22 2012  
Date: 6/20/2012  
ASBESTOS CONTROL & LICENSING  
Telephone Number

Date of Notification (1) 06/20/2012		Name of Building Owner/Operator (2) Sayreville B.O.E.							
Agencies Notified	Type Notification	Street Address 150 Lincoln Street							
	<input type="checkbox"/> Initial	City, State, Zip Code Sayreville, NJ 08872							
	<input type="checkbox"/> Amended	Name of Contact Denis Pantalano							
	<input checked="" type="checkbox"/> Emergency (including justification)								
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Cancellation								
<input checked="" type="checkbox"/> DEP									
<input checked="" type="checkbox"/> DOL									
<input checked="" type="checkbox"/> DOH									
<input type="checkbox"/> DCA									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sayreville Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 800 Washington Rd.		Square Feet	# of Floors						
City (5) Sayreville		Blgd. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Management International		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 5900 Atlantic Ave.		Street Address 203 Piaget Ave							
City, State, Zip Code Ventnor City, NJ 08406		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Ken Bolton		Telephone No. 609-823-5900	Telephone No. 973-253-8828						
Start Date (10) 06/22/2012		Scheduled Completion Date (11) 06/23/2012	License No. 00704						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor N/A							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hallway		X		Pipe Fitting Insulation	8 LF	X			
Maintenance Room		X		Pipe Fitting Insulation	1 LF	X			
Storage Closet		X		Pipe Fitting Insulation (wrap & cut)	4 LF	X			
Science Lab		X		VAT	100SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President	Signature J. Roszkowski		Date 06/20/2012				



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

APPROVED  
NJ Department of Health & Senior Services  
(signature)  
Date: 6/20/2012

Date of Notification (1) 06/20/2012		Name of Building Owner/Operator (2) Toms River Regional Schools		Street Address 1144 Hooper Ave		City, State, Zip Code Toms River, NJ 08753		Name of Contact Robert Romano		Telephone Number		
Agencies Notified		Type Notification		ASBESTOS CONTROL & LICENSING								
<input 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 type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation										
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Walnut Street Elem. School						Type of Facility (4)						
Street Address 80 Walnut Street						<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Toms River						Square Feet		# of Floors		Bldg. Age		
County (6) Ocean				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group				ASCM No.		Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 611 Industrial Way West						Street Address 200 Piaget Ave						
City, State, Zip Code Eatontown, NJ 07724						City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Patrick Guilmette				Telephone No. 888-335-2774		Telephone No. 973-253-8828		License No. 00704				
Start Date (10) 06/21/2012		Scheduled Completion Date (11) 06/22/2012				Name of OSHA Monitor N/A						
Occupancy Status During Abatement (Check Only One)						Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" 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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	
Nurse Office			X			Pipe Insulation			9 LF		X	
Name of Registered Waste Hauler Newark Carting, Inc.				NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste		Name of Registered Landfill GROWS				
City, State Newark, NJ						Disposal Date		City, State Morrisville, PA				
Completed by Voytek Roszkowski				Title President		Signature Voytek Roszkowski		Date 06/20/2012				



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

Date of Notification (1) 06/20/2012		Name of Building Owner/Operator (2) Toms River Regional Schools		APPROVED NJ Dept. of Health & Senior Services (signature) Date: 6/20/2012				
Agencies Notified		Type Notification		Street Address 1144 Hooper Ave				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Toms River, NJ 08753				
		Name of Contact Robert Romano		Telephone Number 1				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) High School North				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 1245 Old Freehold Rd.				Square Feet				
City (5) Toms River				# of Floors				
County (8) Ocean				Bldg. Age				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.		Name of Abatement Contractor (8) VMC Company, Inc.				
Street Address 611 Industrial Way West		Street Address 208 Plaget Ave						
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Patrick Guilmette		Telephone No. 888-335-2774		License No. 00704				
Start Date (10) 06/20/2012		Scheduled Completion Date (11) 06/21/2012		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 Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 280 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 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, V&T, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Hallway		X	Pipe Insulation	6 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste		Name of Registered Landfill GROWS		
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA				
Completed by Voytek Roszkowski		Title President		Signature V. Roszkowski		Date 06/20/2012		



65693

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

Date of Notification (1) <b>June 19, 2012</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One Hess Plaza</b> City, State & Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>John Philbin</b>							
		Telephone Number 							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>123 Derousse Ave.</b>		Square Feet	# of Floors						
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Exterior</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>							
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 Beaver Street</b>							
City, State & Zip Code <b>Media, PA 19063</b>		City, State & Zip Code <b>Bristol, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone Number <b>800-969-6AET</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>7/2/2012</b>	Scheduled Completion Date (11) <b>7/6/2012</b>								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>Exterior Removal/Not on site 7/4/2012</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7am – 3:30pm</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>							
		Street Address <b>1123 Beaver Street</b>							
		City, State & Zip Code <b>Bristol, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Dock 1, 2 and Pump Station 6H-S</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (1LF@ various areas)	<b>63 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dock 1, 2 and Pump Station 6H-S</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe fitting Insulation	<b>2 ea</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>New Castle, Delaware</b>		Disposal Date <b>7/6/2012</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>				Date <b>6/19/12</b>		



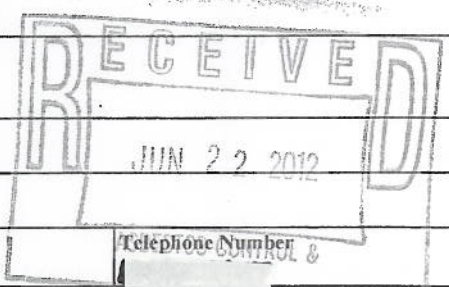
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>6/18/12</b>		Name of Building Owner/Operator (2) <b>Archdiocese of Newark</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 <b>171 Clifton Ave</b>							
		City, State, Zip Code <b>Newark, NJ</b>							
		Name of Contact <b>Tom McCue</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>St Henry School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>82 W 82nd St</b>		Square Feet							
City (5) <b>Bayonne</b>		# of Floors							
County (6) <b>Hudson</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>McCase Environmental</b>		ASCM No. <b>00118</b>	Name of Abatement Contractor (9) <b>F. Grisek &amp; Son Inc</b>						
Street Address <b>464 Valley Brook</b>		Street Address <b>513 E 32nd St</b>							
City, State, Zip Code <b>Lynchhurst NJ</b>		City, State, Zip Code <b>Potomac, NJ</b>							
Project Manager for Monitoring Firm <b>Jim Ruff</b>		Telephone No. <b>201 438 4889</b>	Telephone No. <b>973-345-2222</b>						
License No. <b>#00021</b>									
Start Date (10) <b>7/2/12</b>		Scheduled Completion Date (11) <b>7/10/12</b>							
Name of OSHA Monitor <b>Same</b>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Education Office		<input checked="" type="checkbox"/>		Floor Tile & Mast	200 SF	<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>		Ceiling Plaster	200 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Eastern Waste</b>		NJDEP Waste Hauler ID No. <b>Dep NJ117</b>	Cubic Yards of Waste	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date	City, State <b>Tullytown PA</b>						
Completed by <b>Frank Grisek</b>		Title <b>Res.</b>	Signature <b>[Signature]</b>		Date <b>6/18/12</b>				



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

Date of Notification (1) 06/04/12 <small>Month/Day/Year</small>		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address	
	Initial	P.O. box 2158	
	<input checked="" type="checkbox"/> Notification	City, State, Zip Code	
	<input checked="" type="checkbox"/> Amended	Princeton NJ 08543	
	Notification	Name of Contact	
	Cancellation	Robert Otego	



Name of Facility Where Abatement is Taking Place (3) Princeton University -- Lawrence Low Rise Apartments			Type of Facility (4) School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Alaxender Road			Square Feet 60000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 8
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 06/14/12 <small>Month/Day/Year</small>		Sched. Completion Date (11) 07/22/12 <small>Month/Day/Year</small>		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 9:00 AM - 4:00 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	Renovation	Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		Mini - Enclosure
>160 sf or >260 lf		Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

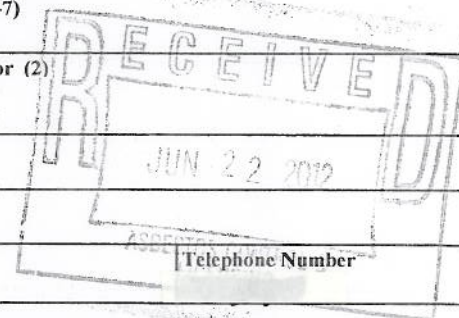
Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Bldg 1		x		floor tile	0.5 SF	x			
Bldg 2				floor tile	0.5 SF	x			
Bldg 3				floor tile	0.5 SF	x			
Bldg 4				floor tile	0.5 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 6/19/12
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 06/04/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University
Agency Notified EPA DEP DCA DOH	Type Notification Initial	Street Address P.O. box 2158
	<input checked="" type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543
	<input checked="" type="checkbox"/> Amended	Name of Contact Robert Otego
	<input type="checkbox"/> Cancellation	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Lawrence Low Rise Apartments			Type of Facility (4) School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Alaxender Road			Square Feet 60000	# of Floors 8	Bldg. Age 50+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/14/12 Month/Day/Year		Sched. Completion Date (11) 07/22/12 Month/Day/Year	Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 9:00 AM - 4:00 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	Renovation	Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 lf		Mini - Enclosure
>160 sf or >260 lf		Glovebag Procedure
	<input checked="" type="checkbox"/>	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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Bldg 5		<input checked="" type="checkbox"/>		floor tile	0.5 SF	<input checked="" type="checkbox"/>			
Bldg 6				floor tile	0.5 SF	<input checked="" type="checkbox"/>			
Bldg 7				floor tile	0.5 SF	<input checked="" type="checkbox"/>			
				floor tile	0.5 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	

Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 6-19-12
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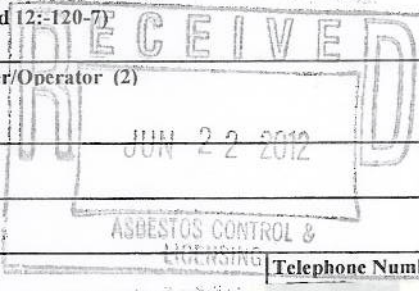
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No  
check

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 06/04/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	Initial	P.O. box 2158	
DEP	Notification	City, State, Zip Code	
DCA	x Amended	Princeton NJ 08543	
DOH	Notification	Name of Contact	Telephone Number
	Cancellation	Robert Otego	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Dean Mathey Apartments			Type of Facility (4) School (K12) x Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Lake ave & Harrison Streets			Square Feet 60000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 8
			Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Current Use (Prior if being demolished) University		
ASCM No.			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd		Telephone Number 856-547-0505	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/14/12 Month/Day/Year		Sched. Completion Date (11) 07/22/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 4:00 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	Renovation	x Mini - Enclosure	
x >3 sf or >3 if		Glovebag Procedure	
>160 sf or >260 lf		x 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E L	R E P A I R	E N C A P S U L	E N C L O S U R E
South Bldg Stairwell # 1	x	drywall	2 SF	x			
South Bldg Stairwell # 2		drywall	2 SF	x			
North Bldg Stairwell # 1		drywall	2 SF	x			
North Bldg Stairwell # 2		drywall	2 SF	x			

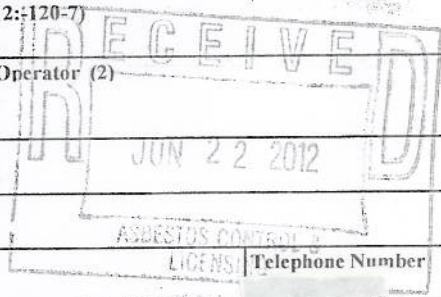
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 6-19-12

ABS-41  
JUN 95

G4667



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 06/04/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University
Agency Notified EPA DEP DCA DOH	Type Notification Initial Notification <input checked="" type="checkbox"/> Amended Notification Cancellation	Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego
		Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Dean Mathey Apartments			Type of Facility (4) School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Lake ave & Harrison Streets			Square Feet 60000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 8
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Bldg. Age 50+		
Street Address 515 Grove Street Suite 1B			Current Use (Prior if being demolished) University		
City, State, Zip Code Haddon Heights NJ			Name of Abatement Contractor (9) Associated Specialty Contracting		
Project Manager of Monitoring Firm Alan Lloyd			Street Address 98 LaCrue Avenue		
Telephone Number 856-547-0505			City, State, Zip Code Glen Mills, PA 19342		
Scheduled Start Date (10) 06/14/12 Month/Day/Year			Licence Number 1103		
Sched. Completion Date (11) 07/22/12 Month/Day/Year			Name of OSHA Monitor Criterion Labs		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 4:00 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition	Renovation	Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		<input checked="" type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
West Bldg		x		drywall	2 SF	x			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow	Title Project Manager	Signature <i>Mark Goshow</i>	Date 6/7/12