

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

KG 2



Date of Notification (1) <div style="text-align: center;">6 / 26 / 12</div>		Name of Building Owner/Operator (2) Virtua Health - Facilities Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 -6/16/12 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 West Stow Road - suite 3 City, State, Zip Code Marlton, NJ 08503 Name of Contact John Angelucci Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Virtua Health - Old Voorhees Hospital		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 101 Carnie Blvd		City (5) Voorhees, NJ 08043-1548							
County (6) Camden	County Code (7) (STATE USE ONLY)	Square Feet 90,000	# of Floors 6 Bldg. Age 50=						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address 3370 Progress Drive Suite J		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Mike Panapresto	Telephone No. 215 244 1300	Telephone No. 215-542-7000	License No. 00847						
Start Date (10) <div style="text-align: center;">6 / 28 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 25 / 12</div>	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- PM/7:00PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Summit surgical center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27 fire doors	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12 x 12 Tile & Mastic	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Back Roof Seams	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Manangement		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 400 yards	Name of Registered Landfill GROWS					
City, State Tullytown PA		Disposal Date 10/25/12		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco	Title Office Manager		Signature <i>Patricia Visco</i>			Date 6/26/12			

Released 6/26/12
On hold 6/25/12

NO CHECK
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

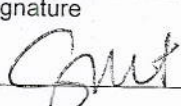
YG 1

Date of Notification (1) 6 / 11 / 12		Name of Building Owner/Operator (2) Virtua Health - Facilities Development							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 6/25 #2 Amendment #1 6/26 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 west Stow Road - suite 3 City, State, Zip Code Marlton, NJ 08503 Name of Contact John Angelucci							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Virtua Health - Old Voorhees Hospital		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 101 Carnie Blvd		Square Feet 90,000	# of Floors 6						
City (5) Voorhees, NJ 08043-1548		Bldg. Age 50=							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 3370 Progress Drive Suite J		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Mike Panapresto		Telephone No. 215 244 1300	License No. 00847						
Start Date (10) 6/28/12 6 / 25 / 12	Scheduled Completion Date (11) 10 / 25 / 12	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM- PM/7:00PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Heli Pad Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seal silver flashing	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summit surgical center Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black roofing material	19,440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summit surgical center Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray/Black Flashing material	692 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See attached Inventory Table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See attached table	see attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 400 yards	Name of Registered Landfill GROWS					
City, State Tullytown, PA		Disposal Date 10/26/2012		City, State Tullytown, PA 19067					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 6-11-2012			

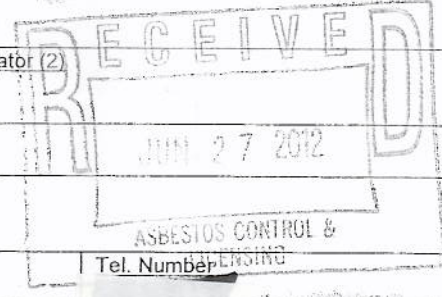
Patricia Visco 6/25/12
Patricia Visco 6/26/12

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

1206-4507
Check #4257

Date of Notification (1) 6/25/12		Name of Building Owner / Operator (2) Middlesex County Vocational School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 112 Rues Lane City, State & Zip Code East Brunswick, NJ 08816 Name of Contact Business Administration Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middlesex County Vocational School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) Unoccupied <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 112 Rues Lane		Square Feet	# of Floors						
City (5) East Brunswick	County (6) Middlesex	Bldg. Age							
City Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 318 12th Street		Street Address PO Box 25							
City, State & Zip Code Hammonton, NJ 08037		City, State & Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone Number 609-704-8850	License Number 00529						
Scheduled Start Date (10) 7/9/12	Scheduled Completion Date (11) 7/11/12	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.							
		City, State & Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room (Boilers 1&2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprayed on Asbestos material	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill TRRF Landfill					
City, State Lumberton, NJ		Disposal Date 7/11/12		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Office Coord.	Signature 			Date 6/25/12			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



<u>Date of Notification (1)</u> 1/13/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification Rev. 6 () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	<u>Tel. Number</u> [REDACTED]

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Main Production Building			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street			<u>Sq. Feet</u> 121700 <u># of Floors</u> 2	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 50 +/-	
			<u>Current Use (prior if being demolished)</u> vacant manufacturing	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 655 West Shore Trail	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> Sparta, NJ 07871	<u>City, State, Zip Code</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 1/30/2012	<u>Scheduled Completion Date (11)</u> 7/27/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> 10 59 Jackson Ave.
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<u>Describe Vacant Bldg. To Be Demolished</u> 121,701 sf building to be demolished in its entirety	<u>City, State, Zip Code</u> L.I.C. New York, 11101
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Other - Describe _____

Source of Work (Check all that apply)

- (X) Demolition () Renovation
 (X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure (X) Non-Friable Outdoor Work

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
				<u>Rem.</u>	<u>Rep.</u>	<u>Encap</u>	<u>Enclose</u>
Throughout see attached sheet	X	See attached sheet	See attached sheet	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 80	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE	<u>Disp. Date</u> 7/27/12	<u>City, State</u> Waynesburg, OH	

<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Coordinator	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 6/26/12
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Notification of Demolition or Renovation.....(continued)**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Non-friable removals using wet methods, intact removals and drop poly for transite and caulking etc. & Mini tent enclosures.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY) 5-16-12

(HH:MM) 9:00 am

Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm.

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 6/26/12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 6/26/12

RECEIVED
JUN 27 2012
ASBESTOS CONTROL &
LICENSING

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 2/06/12		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification Rev. #3 () Cancelled	<u>Street Address</u> 100 Campus Drive	
		<u>City, State, Zip Code</u> Florham Park, NJ 07932	
		<u>Name of Contact</u> Frank Piechoeta	
		<u>Tel. Number</u> 609.271.2012	

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Powerhouse Building No. 4			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 1 James Street			<u>Sq. Feet</u> 15000 <u># of Floors</u> 2 + partial mezz	
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 60 +/-	
			<u>Current Use (prior if being demolished)</u> Powerhouse	

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 655 West Shore Trail		<u>Street Address</u> 404 N. Berry Street	
<u>City, State, Zip Code</u> Sparta, NJ 07871		<u>City, State, Zip Code</u> Brea, CA 92821	
<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066

<u>Scheduled Start Date (10)</u> 2/21/2012	<u>Scheduled Completion Date (11)</u> 8/17/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 10 59 Jackson Ave.
<u>Describe Vacant Bldg. To Be Demolished</u> 15,000 sf building to be demolished in its entirety Other - Describe		<u>City, State, Zip Code</u> L.I.C. New York, 11101

Source of Work (Check all that apply)

(X) Demolition () Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) () Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure () Non-Friable Outdoor Work

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Throughout Interior & Exterior Pipe Racks	X			Pipe Insulation	2,700 lf	X			
Windows	X			Glazing on Windows	150 each	X			
Throughout	X			Debris on Floor	500 sf	X			
Mezzanine Deck	X			Tank Insulation	800 sf	X			
Top Tier & @ Boilers	X			Wire Wrap	150 lf	X			
Boilers	X			Block Insulation	18,000 sf	X			
South Side & Elec. Switch	X			Transite & Black Panels	5,100 sf	X			
Roof	X			Flat & Flashings	13,000 sf	X			

<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> A901 #20990 / SW2117	<u>Cubic Yards of Waste</u> 120	<u>Name of Reg. Landfill</u> Minerva Enterprises
<u>City, State</u> 58 Pyles Lane - New Castle, DE		<u>Disp. Date</u> 8/17/12	<u>City, State</u> Waynesburg, OH

<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Manager	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 6/26/12
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Notification of Demolition or Renovation.....(continued)**X. Description of Planned Demolition or Renovation Work and Methods to be Used:**

Building will be demolished using wet dust suppression methods with Mechanical means & methods.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:

Full negative air containments for interior abatement. Wet removal methods. Vacuums will be equipped with hepa filters. Regulate areas using signage and use drop poly and wet methods for Window Caulking. Exterior piping utilizing glovebag methods.

XII. Waste Transporter#1 Waste Management

Address: 100 Ave. A

City: Newark

County: Essex

State: NJ

Zip: 07114

Contact: Susan Rubinetti (Layton)

Telephone: 201-206-2258

Waste Transporter#2 Service Transport Group, Inc.

Address 58 Pyles Lane

City New Castle

County New Castle

State DE

Zip 19720

Contact Tom Gaudet

Telephone 302-778-5930

XIII. Waste Disposal Site Minerva Enterprises

EPA Certification Number: PO104984

Address: 9000 Minerva Rd

City: Waynesburg

County: Stark

State: OH

Zip: 44688

Contact: Sara Pomera

Telephone: 330-866-3435

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Name

Title

Authority

Date of Order (MM/DD/YY)

Date Ordered to Begin (MM/DD/YY)

XV. For Emergency Renovations:

DATE and HOUR of Emergency: (MM/DD/YY)

(HH:MM)

Description of SUDDEN, UNEXPECTED EVENT

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder

Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

(Signature of Owner/Operator)

(Date) 6/26/12

XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 6/26/12

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)

06/26/12

Name of Building Owner/Operator (2)

3 Star Construction, Inc

Agencies Notified

(X) EPA
(X) NJDEP
(X) NJ DOL
() DOH
() DCA

Notification Type

(X) Initial Notification
() Amended Certification
() Emergency Notification
(including justification)
() Cancelled

Street Address

580 Montgomery St. Shop 7

City, State, Zip Code

Jersey City, NJ, 07302

Name of Contact

Mohammad Malik

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Residential Property

Street Address

183 Arlington Avenue

City (5)

Jersey City

County (6)

Hudson

County Code (7)
(State Use Only)

Type of Facility (4)

() School (K-12)
() Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet: 10,000_# of Floors 2 Bldg. Age 60

Current Use (prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Name of Contractor (9)

ISES, Inc.

Street Address

N/A

Street Address

3300 Hudson Avenue

City, State, Zip Code

N/A

City, State, Zip Code

Union City, NJ

Project Manager for Monitoring Firm

David Camacho

Telephone Number

(201) 325-0055

Telephone Number

(201) 325-0055

License Number

01124

Scheduled Start Date (10)

07/05/12

Scheduled Completion Date (11)

07/05/12

Name of OSHA Monitor

ISES, Inc.

Occupancy Status During Abatement (Check only one)

(X) Facility Closed/Vacated During Entire Period of Abatement
() Abatement Performed Outside of Normal Facility Hours -
Describe: Residential structure car garage. Damaged Roof.
Other:

Street Address

3300 Hudson Avenue

City, State, Zip Code

Union City, NJ 07087

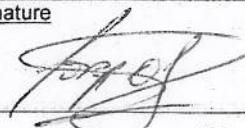
Source of Work (Check all that apply)

☒ ≥ 3 SF or ≥ 3 LF
☐ ≥ 160 SF or ≥ 260 LF

☒ Renovation
☐ Demolition

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

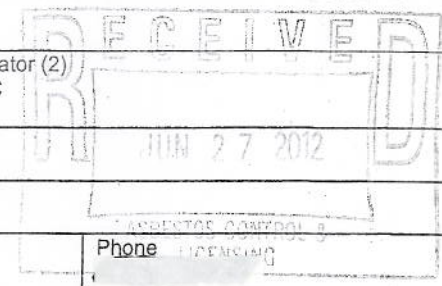
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Basement		X		TSI Pipe insulation	50 Lft	X			
				Boiler block Insulation	30 Sft	X			

Name of Reg. Waste Hauler	NJDEP Waste Hauler ID #	Cubic Yards of Waste	Name of Reg. Landfill
Newark Carting Inc	04509	1	Cumberland County Landfill
City, State		Disp. Date	City, State
369 Raymond Blvd, Newark NJ, 07105		07/05/12	Newburg, PA 17242
Completed by (Print or Type)	Title	Signature	Date
Jorge Delgado	Supervisor		06/26/12

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

Date of Notification (1) 6-25-12		Name of Building Owner/Operator (2) VNO Wayne Town Center LLC							
Agencies Notified	Type Notification	Street Address 250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ, 07470							
		Name of Contact Eric Dinenberg	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 250 Wayne Town Center		Square Feet 220,000	# of Floors 2						
City (5) Wayne		Bldg. Age 45 years							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Not in use							
Name of Monitoring Firm Hired by Building Owner (8) Certified Environments Inc.		ASCN No.	Name of Abatement Contractor (9) Gramercy Group Inc.						
Street Address 136 West 83rd Street, Suite 1		Street Address 3000 Burns Avenue							
City, State, Zip Code New York NY, 10024		City, State, Zip Code Wantagh NY 11793							
Project Manager for Monitoring Firm Greg Paulay		Telephone No. 301-346-5005	License No. 01085						
Start Date (10) 7-9-12	Scheduled Completion Date (11) 12-31-12	Name of OSHA Monitor Gramercy 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 checked="" type="checkbox"/> Other -- Describe: Vacant Retail Store		Street Address 3000 Burns Avenue							
		City, State, Zip Code Wantagh, NY 11793							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
South East Corner of Store			X	Unstable Spray on fireproofing	300 sf	X		X	
3 locations throughout the store			X	Unstable Spray on Fireproofing	9 sf	X		X	
Delaminated Fireproofing on Ductwork			X	Delaminated spray on on ducts	3 sf	X			
Column Bases and Broken VAT			X	Debris clean up and disposal	4,500 sf		X	X	
Name of Registered Waste Hauler Horwith Trucks Inc.		NJDEP Waste Hauler ID No. 16227	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Enterprises					
City, State Northampton, PA 18067		Disposal Date 12-31-12		City, State Waynesburg OH					
Completed by Robert Lewin		Title Environmental Coordinator		Signature			Date 6-25-12		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 06/15/2012		Name of Building Owner/Operator (2) Winstanley Enterprises, LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancelled	Street Address 300 George Street City, State, Zip Code New Haven, CT 06511 Name of Contact Adam Winstanley	
		Phone [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Pathmark Supermarket			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 130 White Horse Pike North			Sq. Feet 61,160 SF No. of Floors: 2
City (5) Lawnside	County (6) Camden	County Code (7) (State Use Only)	Bldg. Age: 40 years Current Use (prior if being demolished) Building Currently Vacant
Name of Monitoring Firm Hired by Bldg. Owner (8) Smith & Wessel Associates, Inc.		ASCM No.	Name of Contractor (9) Superior Abatement, Inc.

Street Address 8 Church Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Merrimac, MA 01860		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Eric Hanson	Telephone Number (978) 346-4800	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 6/26/2012	Scheduled Completion Date (11) 7/25/2012	Name of OSHA Monitor Superior Abatement, 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 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	

Source of Work (Check all that apply)

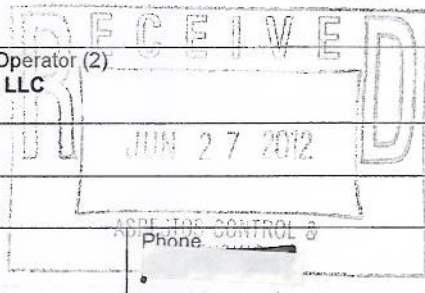
☐ Demolition ☒ Renovation
☒ Large Proj. (>160 SF or >260 LF ACM) ☐ SM Proj. (>25<160 SF or >10 <260 LF ACM) ☐ Minor Proj. (<25 SF or <10 LF ACM)
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-friable Procedure for Asbestos Roof Removal.

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type
				Rem. Rep. Encap Enclose
1st Floor	X	Mastic with 2 layers Floor Tile	36,000 SF	X
2nd Floor Employee Lounge	X	Mastic with Floor Tile	500 SF	X
Exterior Front of Building	X	Gray Window Caulking	100 LF	X

Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 400	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE		Disp. Date 7/25/2012	9000 Minerva Road Waynesburgh OH 44688
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 06/15/2012

No
check

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)


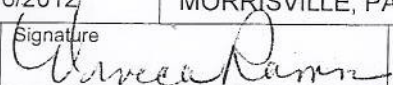


Date of Notification (1) 06/25/2012		Name of Building Owner/Operator (2) Winstanley Enterprises, LLC	
Agencies Notified () EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Notification # 1 () Cancelled	Street Address 300 George Street	City, State, Zip Code New Haven, CT 06511
		Name of Contact Adam Winstanley	Phone [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Pathmark Supermarket		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 130 White Horse Pike North		Sq. Feet 61,160 SF No. of Floors: 2	
City (5) Lawnside	County (6) Camden	County Code (7) (State Use Only)	Bldg. Age: 40 years Current Use (prior if being demolished) Building Currently Vacant
Name of Monitoring Firm Hired by Bldg. Owner (8) Smith & Wessel Associates, Inc.		ASCM No.	Name of Contractor (9) Superior Abatement, Inc.
Street Address 8 Church Street		Street Address 2 Henderson Drive, Ste A	
City, State, Zip Code Merrimac, MA 01860		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Eric Hanson	Telephone Number (978) 346-4800	Telephone Number (973) 808-1616	License Number 00411
Scheduled Start Date (10) 6/26/2012	Scheduled Completion Date (11) 7/25/2012	Name of OSHA Monitor Superior Abatement, Inc.	
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 2 Henderson Drive, Ste. A	
		City, State, Zip Code West Caldwell, NJ 07006	
Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA YES NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
			Abatement Type Rem. Rep. Encap Enclose
1st Floor	X	Mastic with 2 layers Floor Tile	36,000 SF
2nd Floor Employee Lounge	X	Mastic with Floor Tile	500 SF
Name of Reg. Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID # SW2117	Cubic Yards of Waste 400	Name of Reg. Landfill Minerva Landfill
City, State New Castle, DE	Disp. Date 7/25/2012	9000 Minerva Road Waynesburgh OH 44688	
Completed by (Print or Type) Nick Petrovski	Title President	Signature 	Date 06/25/2012

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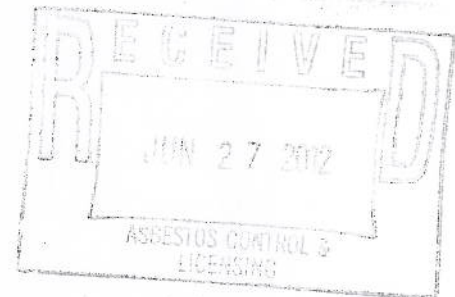
Amended Notification No. 1: Reducing the scope of work and removing the 100 LF of window caulking from the notification.

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

Date of Notification (1) 6/25/2012		Name of Building Owner/Operator (2) COUNTY COLLEGE OF MORRIS					
Agencies Notified	Type Notification	Street Address 214 CENTER GROVE ROAD					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #	City, State, Zip Code RANDOLPH, NJ 07869					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact JOSEPH PONTURO					
<div style="text-align: right;">  </div>							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) COUNTY COLLEGE OF MORRIS DEMARE HALL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 214 CENTER GROVE ROAD		Square Feet	# of Floors				
City (5) RANDOLPH		Bldg. Age					
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANIES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING				
Street Address 7 PLEASANT HILL ROAD		Street Address 250 RUTHERFORD BLVD.					
City, State, Zip Code CRANFORD, NJ 08512		City, State, Zip Code CLIFTON, NJ 07014					
Project Manager for Monitoring Firm KEVIN LOVELY		Telephone No. 732-390-5858	Telephone No. 973-956-8700				
Start Date (10) 7/6/2012		Scheduled Completion Date (11) 7/16/2012	License No. 00494				
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: Friday 4:30 PM, Saturday 8-4 PM		Name of OSHA Monitor SAME AS (9) ABOVE					
Street Address		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			
				Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	Yes No N/A X			X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.			
City, State CLIFTON, NJ		Disposal Date 7/16/2012		City, State MORRISVILLE, PA			
Completed by VIVECA RAMOS		Title SECRETARY	Signature 	Date 6/25/2012			

COUNTY COLLEGE OF MORRIS - DEMARE HALL

Phase II Start Date	Classroom No.	ACM Material	Quantity (SF)
7/6/2012	DH208	VAT & Mastic	597
	DH260	VAT & Mastic	597
	DH259	VAT & Mastic	567
<i>Total</i>			1761
Phase III Start Date			
7/13/2012	DH261	VAT & Mastic	567
	DH263	VAT & Mastic	567
	DH265	VAT & Mastic	567
	DH267	VAT & Mastic	550
<i>Total</i>			2251
<i>Grand Total</i>			4012 SF



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

Check # 8239

RECEIVED
JUN 27 2012

Date of Notification (1) 6-25-12		Name of Building Owner/Operator (2) Jeanne Held							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6522 IRVING AVE City, State, Zip Code Merchantville NJ 08109							
		Name of Contact Jeanne Held	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6522 IRVING AVE		Square Feet	# of Floors 2						
City (5) Merchantville NJ 08109		Bldg. Age 80+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Tech		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 7-5-12	Scheduled Completion Date (11) 7-6-12								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>			Pipe Insulation	100 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Tech.		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date 7-6-12		City, State Monroeville PA					
Completed by Steve Schenker		Title President		Signature [Signature]		Date 6-25-12			

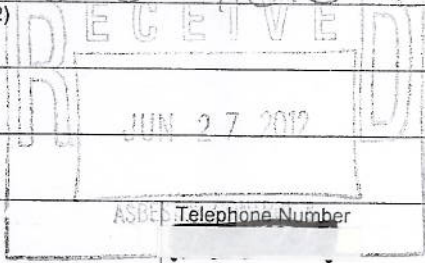
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

CR# 3828

Date of Notification (1) 6-25-12		Name of Building Owner/Operator (2) C. BEHRENS							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	101 CENTRAL AVENUE							
		City, State, Zip Code HASBROUCK HEIGHTS NJ 07604							
		Name of Contact C. BEHRENS	Telephone Number 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) C. BEHRENS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 101 CENTRAL AVENUE		Square Feet 2100	# of Floors 2						
City (5) HASBROUCK HEIGHTS		Bldg. Age 80 YRS							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address Best Removal Inc							
City, State, Zip Code		City, State, Zip Code 450 South River St							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 7-5-12	Scheduled Completion Date (11) 7-6-12	Name of OSHA Monitor Omega Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler St.							
		City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclose
BASEMENT			X	THERMAL INSULATION	85 LF	X			
Name of Registered Waste Hauler Best Removal Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2 YD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Hackensack, NJ		Disposal Date 7-6-12		City, State Waynesburg, OH.					
Completed by R. Veldran		Title Estimator	Signature R. Veldran			Date 6-25-12			

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

clock 11043



Date of Notification (1) 6/25/12		Name of Building Owner/Operator (2) Nathan Barry Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 80 Main Street
			City, State, Zip Code West Orange, NJ 07052
		Name of Contact Carol Reed	ASBESTOS Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Street Address 529 Route 22 West City (5) North Plainfield		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) Somerset	County Code (7) (STATE USE ONLY) _____	Square Feet 8400	# of Floors 1 Bldg. Age 40
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address 4 E Gate Drive, PO Box 483 City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 7/9/12	Scheduled Completion Date (11) 7/30/12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

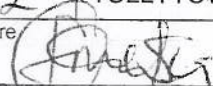
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
main floor			x	floor tile	8250 SF	x			
roof			x	flashing	390 LF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill
City, State Freehold NJ	Disposal Date TBD	City, State	
Completed by Andrew Scott Higgins	Title President	Signature 	Date 6/25/12

CK
1053

Print Form

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

Date of Notification (1) 06/22/12		Name of Building Owner/Operator (2) ALFILO MARTINEZ							
Agencies Notified	Type Notification	Street Address 304 REDMOND STREET							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW BRUNSWICK NJ							
		Name of Contact CARL SRVIER							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 304 REDMOND STREET									
City (5) NEW BRUNSWICK NJ		Square Feet 200	# of Floors 2						
		Bldg. Age 74							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ABE ENVIRONMENTAL CONSULTING		ASCM No.	Name of Abatement Contractor (9) TURNINGPOINT CONTRACTING CORPORATION						
Street Address 84 VERMONT AVENUE		Street Address 51 BERKELEY TERRACE 1ST							
City, State, Zip Code FLANKLIN PARK NJ 08823		City, State, Zip Code IRVINGTON NJ 07111							
Project Manager for Monitoring Firm DON ANIGBOGU		Telephone No. 732-422-0733	Telephone No. 973-372-2177						
		License No. 00113							
Start Date (10) 06/23/12	Scheduled Completion Date (11) 06/24/12	Name of OSHA Monitor JLC ENVIRONMENTAL, 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 30 WEST 25TH STREET							
		City, State, Zip Code NYC, NY 10007							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		*		PIPE INSULATION	35	*			
Name of Registered Waste Hauler NEWARK CARTING, INC		NJDEP Waste Hauler ID No. 0506	Cubic Yards of Waste 2	Name of Registered Landfill TULLY RE. FACILITY					
City, State NEWARK NJ 07102		Disposal Date 6/23/12		City, State TULLYTOWN. PA					
Completed by EMEKA OKEKE		Title PRESIDENT		Signature 			Date 06/22/12		