

STATE OF NEW JERSEY
 NOTIFICATION OF ASBESTOS ABATEMENT
 (PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 1403

Date of Notification (1) 06 / 27 / 13		Name of Building Owner / Operator (2) Kraft Foods/Mondelez	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	2211 Route 208 North	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	Amendment # _____	Fairlawn, New Jersey, 07410	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency w/ justification	Name of Contact	Telephone Number
<input type="checkbox"/>	<input type="checkbox"/> Cancellation	PRANAV DESAI	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kraft Foods/Mondelez			Type of Facility (4)		
Street Address 2211 Route 208			<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.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
Current Use (Prior if being demolished) Bakery/WAREHOUSE					

Name of Monitoring Firm Hired by Bldg. Owner (8) AET		ASCM NO	LVI Demolition Services Inc.		
Street Address 907 Doolittle Drive		Street Address			
City, State, Zip Code Bridgewater, NJ 08807		32 Williams Parkway			
Project Mngr. For Monitoring Firm Eric Houseknecht		Telephone Number 908-218-1108	City, State, Zip Code East Hanover, NJ 07936		
Scheduled Start Date (10) 07 / 01 / 13	Sched. Completion Date (11) 07 / 02 / 13	Telephone Number 973-772-3660	License Number 00860		

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor LVI Demolition Services Inc.			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Street Address				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: ___ M-F	32 Williams Parkway				
<input checked="" type="checkbox"/> Other - Describe: ___ 7:00 AM - 3:30PM	City, State, Zip Code East Hanover, NJ 07936				

Scope of Work (Check All That Apply)

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

Location of Asbestos Containing <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			
				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
BAKERY OREO 4	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAKERY PRODUCTION AREA	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	PIPE INSULATION	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105	

Completed by (Print or Type) Steve Stiles	Title Project Manager	Signature 	Date 06/27/13
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**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

CK 078771

Date of Notification (1) 6 / 27 / 13		Name of Building Owner / Operator (2) Verizon	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	100 Greenwood Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	Amendment # _____	Jenkintown, PA. 19046	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency w/ justification	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Alex Baylor	

2013 JUN 28 AM 8:50

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Paulsboro NJ			Type of Facility (4)		
Street Address 220 West Broad Street			<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.)		
City (5) Paulsboro	County (6) Gloucester	County Code (7)	Square Feet N/A	# Of Floors 2	Building Age 50+
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) USA Environmental		ASCM NO	Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 8436 Enterprise Avenue			Street Address 462 Getty Avenue		
City, State, Zip Code Philadelphia, PA. 19153			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm Mark Jenkins		Telephone Number 215-365-5810	Telephone Number 973-772-3660		License Number 00117
Sched. Start Date (10) 7 / 15 / 13		Sched. Completion Date (11) 7 / 19 / 13			

Occupancy Status During Abatement (Check Only 1)		Name of OSHA Monitor LVI Environmental Services Inc.			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Street Address 462 Getty Avenue				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____	City, State, Zip Code Clifton, NJ 07011				
<input checked="" type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM					

Scope of Work (Check All That Apply)

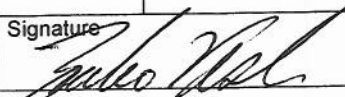
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3sf or >3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input 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			R E M O V E M E N T	R E P A I R	E N C A P S U L	E N C L O S U R
Basement Ventilization RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fan Unit insulation	55SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ventilization RM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Damper Cloth	2SF	<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"/>

Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE.		Disposal Date 7/25/2013	City, State 8955 Minerva Poad Waynesburg, OH. 44688		
Completed by (Print or Type) Marc Heim		Title Project Manager	Signature		Date 06/27/13

OK 12/15

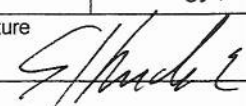
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) 06 / 25 / 13		Name of Building Owner/Operator (2) Private Residence for angelwood holdings							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 North Woodland St							
		City, State, Zip Code Englewood NJ							
		Name of Contact Chris Lombardo		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 101 North Woodland St			Square Feet	# of Floors	Bldg. Age				
City (5) Englewood			Current Use (Prior if being demolished)						
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P O Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union NJ		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973 494 3762	Telephone No. 973 928 4888	License No. 1188					
Start Date (10) 07 / 06 / 13		Scheduled Completion Date (11) 07 / 10 / 13		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 27 Outwater Lane suite B						
			City, State, Zip Code Garfield NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	220 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	floor Tile	2,400 SF	<input checked="" type="checkbox"/>	<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"/>
Name of Registered Waste Hauler ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Garfield NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Zvonko Veskov		Title President		Signature 		Date 6-25-13			

OK 09791

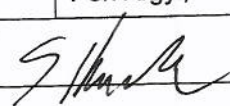
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

2013 JUN 25 09:23:50

Date of Notification (1) 6/25/13		Name of Building Owner/Operator (2) Parsippany-Troy Hills Board of Education							
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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		292 Parsippany Road					
				City, State, Zip Code Parsippany, NJ 07054					
				Name of Contact Tom Gaveglio					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lake Parsippany School				Type of Facility (4)					
Street Address 225 Kingston Raod				<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) Parsippany				Square Feet	# of Floors 2				
				Bldg. Age					
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Pow/R/Save Inc.					
Street Address			Street Address 27 West Street						
City, State, Zip Code			City, State, Zip Code Bloomfield, NJ 07003						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (973) 680-0088	License No. 357				
Start Date (10) 7/15/13		Scheduled Completion Date (11) 7/18/13		Name of OSHA Monitor					
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"/> ≥ 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
2nd fl hallway, boys & grils room			x	VAT & mastic	1974 sf	x			
Name of Registered Waste Hauler Atlas Disposal Options		NJDEP Waste Hauler ID No. 18262		Cubic Yards of Waste	Name of Registered Landfill Grand Central				
City, State Dover, NJ				Disposal Date		City, State Pen Argyl, PA			
Completed by Sharon Hendee		Title sec/treas.		Signature 		Date 6/25/13			

CK 09798

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

Date of Notification (1) 6/25/13		Name of Building Owner/Operator (2) Parsippany-Troy Hills Board of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 292 Parsippany Road		2013 JUN 28 11:30 AM NJ DEP					
			City, State, Zip Code Parsippany, NJ 07054							
			Name of Contact Tom Gaveglio			Telephone Number _____				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Lake Hiawatha 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 1 Lincoln Ave			Square Feet	# of Floors 2	Bldg. Age					
City (5) Lake Hiawatha			Current Use (Prior if being demolished) school							
County (6) Morris		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pow/R/Save Inc.							
Street Address			Street Address 27 West Street							
City, State, Zip Code			City, State, Zip Code Bloomfield, NJ 07003							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 680-0088	License No. 357						
Start Date (10) 7/22/13	Scheduled Completion Date (11) 7/23/13		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 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 28			x	VAT & mastic	750 sf	x				
Name of Registered Waste Hauler Atlas Disposal Options		NJDEP Waste Hauler ID No. 18262	Cubic Yards of Waste	Name of Registered Landfill Grand Central						
City, State Dover, NJ		Disposal Date		City, State Pen Argyl, PA						
Completed by Sharon Hendee		Title sec/treas.	Signature 		Date 6/25/13					

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

CK# 25220

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

Date of Notification (1) <u>6/26/13</u>		Name of Building Owner/Operator (2) <u>Susie Lloyd</u>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>230 Monmouth Street</u>								
		City, State, Zip Code <u>Hightstown, NJ 08520</u>								
		Name of Contact <u>Cheryl Fitzgerald</u>	Telephone Number <u>[redacted]</u>							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address <u>230 Monmouth Street</u>		Square Feet <u>2000</u>	# of Floors <u>3</u>							
City (5) <u>Hightstown, NJ 08520</u>		Bldg. Age <u>80</u>								
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>								
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>								
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>							
Start Date (10) <u>7/15/13</u>		Scheduled Completion Date (11) <u>7/17/13</u>	License No. <u>00493</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4:30 pm</u>		Name of OSHA Monitor <u>MECS</u>								
		Street Address <u>PO Box 341</u>								
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>								
Scope of Work (Check all that apply)										
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >=160 sf or >=260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>150 lf</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>						
City, State <u>Allentown, NJ 08501</u>		Disposal Date <u>7/17/13</u>	City, State <u>Tullytown, PA</u>							
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 		Date <u>6/26/13</u>						

No check

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

2013 JUN 22 11:30 AM

Date of Notification (1) <u>5</u> / <u>29</u> / <u>13</u>		Name of Building Owner/Operator (2) Monmouth University / Job # 1305-1765; Chk. #NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Cedar Avenue	
	City, State, Zip Code West Long Branch, NJ 07764		Name of Contact Mr. Robert L. Cornero
	Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Edison Science Building		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 and commercial buildings, homes, etc.)	
Street Address 400 Cedar Avenue		Square Feet 71,894	# of Floors 3
City (5) West Long Branch		Bldg. Age 43 years	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices/Classrooms	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address PO Box 385		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Donna D'Errico	Telephone No. 609-652-1833	Telephone No. 609-702-0400	License No. 00862
Start Date (10) <u>6</u> / <u>10</u> / <u>13</u>	Scheduled Completion Date (11) <u>6</u> / <u>24</u> / <u>13</u>	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

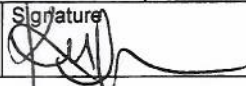
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st F- 126, 127, 128, 137, 137a, 138a	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Paint	5,112 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"/>

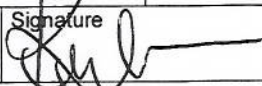
Name of Registered Waste Hauler Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ		Disposal Date 6/24/13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 6/24/13		

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

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

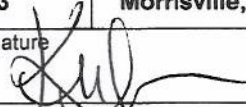
Date of Notification (1) <u>5</u> / <u>29</u> / <u>13</u>		Name of Building Owner/Operator (2) Monmouth University / Job # 1305-1765: Chk. # NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 400 Cedar Avenue							
		City, State, Zip Code West Long Branch, NJ 07764							
		Name of Contact Mr. Robert L. Cornero	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Edison Science Building		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 and commercial buildings, homes, etc.)							
Street Address 400 Cedar Avenue		Square Feet 71,894	# of Floors 3						
City (5) West Long Branch		Bldg. Age 43 years							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices/Classrooms							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc.	ASCM No. 0057	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 385		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Donna D'Errico	Telephone No. 609-652-1833	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <u>6</u> / <u>10</u> / <u>13</u>	Scheduled Completion Date (11) <u>6</u> / <u>23</u> / <u>13</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u> 2nd SHIFT FRIDAY 6-21-13, WEEKEND WORK, TOO.		Street Address 200 U.S. Route 130 North							
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		City, State, Zip Code Cinnaminson, NJ 08077							
		<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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st F- 126, 127, 128, 137, 137a, 138a	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Paint	5,112 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"/>
Name of Registered Waste Hauler Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date 6/23/13	City, State Morrisville, PA 19067						
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 6-21-13						

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

Date of Notification (1) 5 / 01 / 13		Name of Building Owner/Operator (2) Getty Industries, LLC / Job # 1305-1750: Chk #NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 302 Main Street							
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Mr. Leo Likas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Getty 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 (i.e., private and commercial buildings, homes, etc.)							
Street Address 297 Getty Avenue		Square Feet 750,000	# of Floors 3						
City (5) Paterson		Bldg. Age 100 years							
County (6) Passaic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO BOX 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	Telephone No. 609-702-0400						
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 5 / 16 / 13	Scheduled Completion Date (11) 7 / 20 / 13	Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM							
Street Address 200 U.S. Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Warehouse Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	2,400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows (8 rows)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	25,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Warehouse Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual Pipe Insulation	2,520 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Warehouse Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	5,920 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date 7/20/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator	Signature 			Date 6-19-13			

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

ON HOLD UNTIL
PHASE # 2

Date of Notification (1) 6 / 6 / 13		Name of Building Owner/Operator (2) Brookdale Community College / Job # 1306-1771: Chk. NA							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 765 Newman Springs Road							
		City, State, Zip Code Lincroft, NJ 07738							
		Name of Contact Mr. Richard Frank							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brookdale CC - Gorman 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 and commercial buildings, homes, etc.)							
Street Address 765 Newman Springs Road		Square Feet 10,000	# of Floors 2						
City (5) Lincroft		Bldg. Age 41							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental	ASCA No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 234 20th Ave.		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Brick, NJ 08723		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton	Telephone No. 908-862-4301	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 6 / 17 / 13	Scheduled Completion Date (11) 7 / 21 / 13	Name of OSHA Monitor EMSL Analytical, 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 - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Under Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Duct	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tile Sub Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT and Mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Ground - Outside Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) Transite Ducts	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Horizon Disposal, Inc.		NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ		Disposal Date 7/21/13	City, State Morrisville, PA 19067						
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 			Date 6-19-13				

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

1306-4660
Check #5410

Date of Notification (1) 6/25/13		Name of Building Owner / Operator (2) State of New Jersey Division of Property Management & Construction	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 034	
		City, State & Zip Code Trenton, NJ 08625-0034	
		Name of Contact Georgette Bunch	Telephone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJ Executive State House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 125 West State Street			Square Feet	# of Floors	Bldg. Age
City (5) Trenton	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Substation		

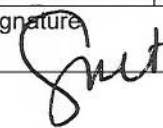
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 344 West State Street		Street Address PO Box 25			
City, State & Zip Code Trenton, NJ 08618		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm William Weisgarber		Telephone Number 609-656-8101	Telephone Number 609-265-2107	License Number 00529	

Scheduled Start Date (10) 7/8/13	Scheduled Completion Date (11) 7/12/13	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 5 PM start 7/8 6PM start thereafter <input 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 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 ≥260 lf	<input type="checkbox"/> Demolition	<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) 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
Substation Power Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	640 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"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ		Disposal Date 7/12/13	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature 	Date 6/25/13	

OK 23050

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

2013 JUN 28 11:25 AM

Date of Notification (1) <u>06</u> / <u>25</u> / <u>13</u>		Name of Building Owner/Operator (2) Matawan-Aberdeen Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Crest Way	
		City, State, Zip Code Aberdeen, NJ 07721	
		Name of Contact Anthony Vitolo	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lloyd Road Elementary		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 401 Lloyd Road		Square Feet 102,000	# of Floors 2
City (5) Matawan		Bldg. Age 46	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc	ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 318 12th Street		Street Address 2 Henderson Drive	
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411
Start Date (10) <u>07</u> / <u>06</u> / <u>13</u>	Scheduled Completion Date (11) <u>07</u> / <u>07</u> / <u>13</u>	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 - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>		Street Address 2 Henderson Drive	
		City, State, Zip Code West Caldwell, NJ 07006	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	40 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"/>


Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 15	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date 7/07/13	City, State Waynesburgh, OH	
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 6-25-13

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

OK
23050

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

2013 JUN 28 10:21:50

Date of Notification (1) <u>06</u> / <u>25</u> / <u>13</u>		Name of Building Owner/Operator (2) Matawan-Aberdeen Regional School District							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Crest Way							
		City, State, Zip Code Aberdeen, NJ 07721							
		Name of Contact Anthony Vitolo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Strathmore Elementary		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 282 Church Street		Square Feet 60,110	# of Floors 1						
City (5) Aberdeen		Bldg. Age 50							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc	ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 318 12th Street		Street Address 2 Henderson Drive							
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) <u>07</u> / <u>13</u> / <u>13</u>	Scheduled Completion Date (11) <u>07</u> / <u>14</u> / <u>13</u>	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 - Describe Time of Abatement: <u>AM</u> - <u>PM</u> / <u>PM</u> - <u>AM</u>		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching	60 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 7/14/13	City, State Waynesburgh, OH						
Completed By (Print or Type) Nick Petrovski	Title President	Signature 				Date 6-25-13			

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

OK
29/6/13

2013 JUN 28 AM 2:50

Date of Notification (1) 6/25/2013		Name of Building Owner/Operator (2) Emerita Urban Renewal, LLC							
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 744 Broad Street, Suite 406							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Moses Torgueman	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 744 Broad Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 592,000	# of Floors 35						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office Building						
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Warsaw Road, Building 35E		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Fair Lawn, NJ 0741		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9145	Telephone No. (973) 450-9500						
Start Date (10) July 8, 2013		Scheduled Completion Date (11) August 2, 2013	License No. 01036						
Name of OSHA Monitor Incinia Contracting, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Entire floor will be unoccupied during the abatement.</u>		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
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
Roof Mechincal Room		X		Pre-Cast Roof Paneling	1,872 SF	X			
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 30	Name of Registered Landfill IESI Bethlehem Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Sean Zoric		Title President		Signature 			Date 6/25/2013		

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

Date of Notification (1) June 25, 2013		Name of Building Owner/Operator (2) Princeton Academy of the Sacred Heart <i>U 21930</i>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 Drake's Corner Road
			City, State, Zip Code Princeton, New Jersey 08540
			Name of Contact Dave

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton Academy of the Sacred Heart			Type of Facility (4) <input type="checkbox"/> School (k-12) <input checked="" type="checkbox"/> Subchapter 8 (other than k12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 101 Drake's Corner Road			Square feet 20,000 sf		
City Princeton		County (6) Mercer	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Horizon			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address Post Office Box 315			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Thoroughfare, New Jersey 08086			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Steve Flannagan		Telephone Number 856-848-0800		Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 7/08/13		Scheduled Completion Date (11) 7/19/13		Name of OSHA Monitor E.M.S.L. 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 Facility Hours <input checked="" type="checkbox"/> Other - Describe <u>Occupied</u>			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
1 st floor		X		Asbestos Ceiling tiles	2300 sf	X			
1 st floor		X		Asbestos Floor tiles	2300 sf	X			
2 nd floor		X		Asbestos Ceiling tiles	1440 sf	X			
2 nd floor		X		Asbestos Floor tiles	1440 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 40	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 7/22/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 6/25/2013		

*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) June 25, 2013		Name of Building Owner/Operator (2) T & H Homes	
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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 East Water Street Unit 5B
			City, State, Zip Code Toms River, New Jersey 08753
			Name of Contact Bill Hoermann

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2203 Bay Blvd.			Square feet 1200 sf		
City Lavallette		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
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) 6/25/13		Scheduled Completion Date (11) 6/26/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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		
		<input type="checkbox"/> Renovation		<input type="checkbox"/> Demolition	
		<input checked="" 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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	YES	NO	N/A			R	R	E	E		
Exterior		X		Asbestos siding	1150 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 6/27/13		City, State Tullytown, Pennsylvania							
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 6/25/2013			

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

No check

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

2013 JUN 28 AM 2:50

Date of Notification (1) 06 / 24 / 13

Name of Building Owner/Operator (2)
 Jersey City Public School District

Street Address
 346 Clairmont Avenue

City, State, Zip Code
 Jersey City, NJ 07305

Name of Contact
 Dianne Petolino

Telephone Number

Agencies Notified
 EPA
 DOL
 DOH
 DCA

Type of Notification
 Initial Notification
 Amended Notification Amendment 2
 Cancellation
 Emergency

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 William Dickinson High School

Street Address
 2 Palisades 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)
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 USA Environmental Management Inc.

Street Address
 344 West State Street

Trenton, NJ 08618

Project Manager for Monitoring Firm
 Willie Weisgarber

Telephone Number
 609-656-8101

Scheduled State Date (10) 06 / 22 / 13 Scheduled Completion Date (11) 07 / 30 / 13

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility
 Hours - Describe: 7:00a.m. - 3:30p.m.
 Other - Describe:

Name of Abatement Contractor (9)
 J.R. Contracting & Environmental Consulting, Inc.

Street Address
 1141 Route 23

City, State, Zip
 Wayne NJ 07470

Telephone Number
 973 628-9500

License Number
 00408

Name of OSHA Monitor
 Enviro Vision Consultants, Inc.

Street Address
 20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code
 Fairlawn NJ 07410

Scope of Work (Check all that apply)

Demolition
 Renovation
 Full Containment With Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non Exempted (*) and Non-Friable Procedure

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf

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	N	E
Rooms 331-333-335-336-337			X	VAT	3604 SF	X			
Rooms 331-333-335-336-337			X	Lab Tops	150 SF	X			
Rooms 331-333-335-336-337			X	Glue Daubs	50 SF	X			

Name of Registered Waste Hauler
 J.R. Contracting & Environmental Consulting, Inc.

NJDEP Waste Hauler ID No.
 17819

Cubic Yards of Waste

Name of Registered Landfill
 G.R.O.W.S

City, State
 Wayne NJ 07470

Disposal Date
 Morrisville PA

Completed by (Print or Type)
 Jerry Bijelonic

Title
 Project Manager

Signature

Date
 6/24/2013

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

Via U.S. Mail
ch# 1059

2013 JUN 20

Date of Notification (1) 6/21/13		Name of Building Owner/Operator (2) WESTMINSTER HEIGHTS							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> BOOH <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 1970 BRUNSWICK AVE. SUITE #100							
		City, State, Zip Code LAWRENVILLE, N.J. 08648							
		Name of Contact MR MARK ISSA							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 380 IRVINGSTON AVE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet 30000	# of Floors 5						
City (5) ELIZABETH N.J.		Bldg. Age 75							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS / 1300							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) NOVATECH INC							
Street Address		Street Address P.O. Box 814							
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 238-7500	License No. 00806						
Start Date (10) 6/30/13	Scheduled Completion Date (11) 8/30/13	Name of OSHA Monitor NOVATECH 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 P.O. Box 814							
		City, State, Zip Code OLD BRIDGE N.J. 08857							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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
KITCHENS			X	FLOOR TILE only KITCHENS with white tile color	45,400 SF				X
Name of Registered Waste Hauler NOVATECH INC	NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.						
City, State OLD BRIDGE N.J. 08857	Disposal Date 9/01/13	City, State HARRISVILLE PA.		Signature <i>[Signature]</i>	Date 6/21/13				
Completed by CARLOS AMADA	Title PRESIDENT	* Do not use this form for asbestos licensure exempted activities.							

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

CHECK 2013 JUN 20

GAC Project # 060-13

<u>Date of Notification (1)</u> June 21, 2013		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <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	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
		<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> QUAD I, HOUSES 10, 12 & 14 BLDG# 4146, 4137 & 4139		<u>Type of Facility (4)</u> <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: N/A # of Floors: 4 Bldg. Age: 60+ years	
<u>Street Address</u> LIVINGSTON CAMPUS		<u>Current Use (prior if being demolished):</u> ACADEMIC	
<u>City (5)</u> PISCATAWAY	<u>County (6)</u> MIDDLESEX	<u>County Code (7) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 07/02/13	<u>Scheduled Completion Date (11)</u> 07/03/13	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Shift Hours: 4:00 PM - 5:00 AM		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u>			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
ENTRANCE VESTIBULES	<input checked="" type="checkbox"/>	VAT	150 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 5 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		<u>Disposal Date</u> 07/03/13	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612			
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 21, 2013

Date of Notification (1)
 0 6 / 1 7 / 1 3

Name of Building Owner/Operator (2)
 Mendham Township Board of Education

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification
 Cancellation

Street Address
 18 West Main Street
 City, State, Zip Code
 Brookside, NJ 07926

Name of Contact
 Thomas Kryger, Business Administrator

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 Mendham Township Middle School

Street Address
 16 Washington Valley Road
 City (5)
 Brookside, NJ 07926

County (6)
 Morris

County Code (7)
 (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
 50000

of Floors
 2

Bldg. Age
 50

Current Use (Prior if being demolished)
 School

Name of Monitoring Firm Hired by Building Owner (8)
 DAI Environmental Services

Street Address
 300 Grand Avenue
 City, State, Zip Code
 Englewood, NJ 07631

ASCM No.
 00012

Name of Abatement Contractor (9)
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013-1935

Telephone Number
 973-614-0377

License Number
 00807

Scheduled Start Date (10)
 0 6 / 2 4 / 1 3

Sched. Completion Date (11)
 0 7 / 0 1 / 1 3

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:

Name of OSHA Monitor
 Four Strong Builders, Inc.

Street Address
 180 Sargeant Avenue
 City, State, Zip Code
 Clifton, NJ 07013

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)		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	N	E
Boiler Room	<input checked="" type="checkbox"/>		Boiler Rope Insulation	200 LF	<input checked="" type="checkbox"/>			
Boiler Room	<input checked="" type="checkbox"/>		Ductwork Gasket Material	16 LF	<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
 Tullytown, PA

Completed By (Print or Type)
 Bilyana Kulakovska

Title
 Office Administrator

Signature

Date
 6/17/13

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

Check 10571

GAC Project # 060-13

<u>Date of Notification (1)</u> June 21, 2013		<u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ	
<u>Agencies Notified</u> <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		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		<u>City, State, Zip Code</u> PISCATAWAY, NJ 08854	
<u>Name of Contact</u> MICHAEL SMITH, ENV. HEALTH & SAFETY		<u>Telephone Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> FOOD SCIENCE, BLDG# 6246		<u>Type of Facility (4)</u> <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: N/A # of Floors: 5 Bldg. Age: 60+ years	
<u>Street Address</u> COOK CAMPUS		<u>Current Use (prior if being demolished):</u> ACADEMIC	
<u>City (5)</u> NEW BRUNSWICK	<u>County (6)</u> ESSEX	<u>County Code (7) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC ASSOCIATES		<u>ASCM No.</u> 0098	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 3 TERRI LANE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> BURLINGTON, NJ 08016		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> BRIAN KEARNY	<u>Telephone Number</u> 609-386-8800	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 07/05/13	<u>Scheduled Completion Date (11)</u> 07/15/13	<u>Name of OSHA Monitor</u> 1 ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Shift Hours: 5:00 PM - 5:00 AM		<u>Street Address</u> 20-21 WARGARAW ROAD	
		<u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Scope of Work (Check all that apply)</u>			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
302 SUITE, 309, 313	<input checked="" type="checkbox"/>	TRANSITE BENCH TOPS & PANELS	1000 SF
<u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 30 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> 07/15/13	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067
<u>Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611</u> NJ DEP # 22612			215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> June 21, 2013

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

Check # 7185

Date of Notification (1)
6/24/13

Name of Building Owner/Operator (2)
Montclair State University

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type of Notification
 Initial Notification
 Emergency
 Amended Notification
 Cancellation

Street Address
Normal Avenue

City, State, Zip Code
Upper Montclair, NJ 07043

Name of Contact
Amy Ferdinand

Telephone Number

2013 JUN 28 AM 2:50
STANDARD TIME

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Webster Hall, Montclair State University

Street Address
1 Normal Avenue

City (5)
Upper Montclair

County (6)
Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e. private and commercial buildings, homes, etc.)

Square Feet
30000

of Floors
2

Bldg. Age
~ 50

Current Use (Prior if being demolished)
educational

Name of Monitoring Firm Hired by Building Owner
Whitman Companies, Inc.

ASCM No.

Name of Abatement Contractor (9)
Jupiter Environmental Services, Inc.

Street Address
3 Lynn Court

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-709-0200

License Number
00852

Project Manager for Monitoring Firm
Kevin Lovely

Telephone Number
732-390-5858

Name of OSHA Monitor
J & S Environmental Laboratories, LLC

Scheduled Start Date (10)
6/25/13

Sched. Completion Date (11)
7/1/13

Street Address
2333 Route 22 W

City, State, Zip Code
Union, NJ 07083

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: partially vacated

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)			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	R	E	E	N	N			
Room 116		X		VAT	120 SF	X								

Name of Registered Waste Hauler
Jupiter Environmental Services

NJDEP Waste Hauler ID No.
04782

Cubic Yards Of Waste
1

Name of Registered Landfill
Minerva Landfill

City, State
Lincoln Park, NJ

Disposal Date
7/8/13

City, State
Waynesburg, OH

Completed By (Print or Type)
Pane Repic

Title
General Manager

Signature


Date
6/24/13

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60-7 and 12:120-7)

APPROVED:
 Dep. of Health & Senior Services
 (signature)
 6/24/13
 Check # 7185

Date of Notification (1) 6/24/13		Name of Building Owner/Operator (2) Montclair State University	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address Normal Avenue	
		City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact Amy Ferdinand	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Webster Hall, Montclair State University			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 30000	# of Floors 2	Bldg. Age ~ 50
City (5) Upper Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 6/25/13	Sched. Completion Date (11) 7/1/13		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacated</u>			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini - Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 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	R	E	E	N	N			
Room 116		X		VAT	120 SF	X								

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 7/8/13	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 6/24/13

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

2013 JUN 23 10:23:50
NJ DEP 001 23 50

Date of Notification (1) 06/12/13 CK#2688 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University	
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 1000 River Road	
		City, State, Zip Code Teaneck, New Jersey 07666	
		Name of Contact Craig Gorsczya	Telephone Number

Name of Facility Where Abatement is Taking Place (3) FDU, Becton 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 1000 River Road		Square Feet 40,000	# of Floors 4
City (5) Teaneck, New Jersey 07666		Bldg. Age 55+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) College	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.	ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue	
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Tom Pruno	Telephone No. 856-616-9516	Telephone No. 973-225-8400	License No. 01104

Start Date (10) 06/17/13	Scheduled Completion Date (11) 06/30/13	Name of OSHA Monitor J&S Environmental Labs LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5PM Start		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
1st,2nd,3rd & 4th Floor Classrooms		X		VAT & Mastic (Non Friable)	8496 SF	X			
2nd, 3rd & 4th Floor Classrooms		X		CeilingTile&GlueDots(NonFriable)	1810 SF	X			
1st Floor Classroom		X		Fittings (Glovebag)	9 ea	X			
1st,2nd,3rd & 4th Floor Hallways		X		VAT & Mastic (Non Friable)	4080	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey		Disposal Date 07/01/13	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 06/12/13

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

Date of Notification (1) <u>06</u> / <u>24</u> / <u>13</u>		Name of Building Owner/Operator (2) Fairleigh Dickinson University Check # 2699 \$200							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 1000 River Road						
			City, State, Zip Code Teaneck, New Jersey 07666						
			Name of Contact Craig Gorscya		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FDU, Becton 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 and commercial buildings, homes, etc.)					
Street Address 1000 River Road				Square Feet 40,000	# of Floors 4				
City (5) Teaneck, New Jersey 07666				Bldg. Age 55+					
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) College					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 King Avenu, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 856-616-9516	Telephone No. 973-225-8400	License No. 01104					
Start Date (10) <u>06</u> / <u>17</u> / <u>13</u>		Scheduled Completion Date (11) <u>06</u> / <u>30</u> / <u>13</u>		Name of OSHA Monitor J&S Environmental					
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 Time of Abatement: <u>5:00</u> AM- <u>5:00</u> PM/ <u>PM</u> - <u>PM</u> - <u>AM</u>			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st,2nd,3rd & 4th Floor Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic (Non Friable)	7990 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Floor Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile&Glue Dots(Non Friable)	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings (Glovebag)	18 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st,2nd,3rd & 4th Hallways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT Mastic (Non Friable)	4590 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 50	Name of Registered Landfill G.R.O.W.S.				
City, State Woodland Park, New Jersey		Disposal Date 07/01/13		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 6/24/13		

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

APPROVED: *TOM VOORHEES,*
NJDOL

2013 JUN 28 11:25 AM
CR # 2460

Date of Notification (1) 6/24/13		Name of Building Owner / Operator (2) NJ DEP							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 401 E State Street							
		City, State & Zip Code Trenton NJ 08625							
		Name of Contact Bob Martin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Drumthwacket		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 354 Stockton St		Square Feet 18,000	# of Floors 2						
City (5) Princeton NJ	County (6) Mercer	County Code (7)	Bldg. Age 178 yrs						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 N. Warren St		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Ryan Broadwater	Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509						
Scheduled Start Date (10) 6/24/13	Scheduled Completion Date (11) 6/24/13	Name of OSHA Monitor Bristol Environmental 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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 12 Noon to 8PM		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
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) <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
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation (Wrap & Cut)	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor above ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	35 LF	<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"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 6/25/13	City, State Morrisville, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jpl</i>			Date 6/24/13			

CK
8636
Emergency

Jun 25 2013 08:20am P001/001
NJ Dept. of Health & Senior Services
Date: 6/25/13 Time: 7:00

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 6-24-13		Name of Building Owner/Operator (2) Cannarozzi Construction LLC	
Agencies Notified	Type Notification	Street Address 19 Margaret Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oak Ridge NJ 07438	
		Name of Contact David Cannarozzi	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Stone house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 327 West Bayview Drive		Square Feet	# of Floors 1
City (5) Toms River NJ 08753		Bldg. Age 60+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
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) 6-26-13	Scheduled Completion Date (11) 6-27-13	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Demolition
		<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
		<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
		Yes No N/A	
Exterior Walls		*	Siding Shingles
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
		Disposal Date 6-27-13	City, State Morrisville PA
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 6-24-13

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

2013 Check # 4560

Date of Notification (1) 06/13/2013		Name of Building Owner/Operator (2) Brian Harris								
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # : <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 247 East Glen Avenue City, State, Zip Code Ridgewood, NJ 07450								
		Name of Contact Brian Harris								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) 247 East Glen Avenue City (5) Ridgewood, NJ 07450		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Pr or if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) RICI CORP							
Street Address 20-21 Wagaraw Road - Bldg 35E City, State, Zip Code Fair Lawn, NJ 07410		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055								
Project Manager for Monitoring Firm		Telephone No. 973-636-9145	Telephone No. 973-614-1266 License No. 00838							
Start Date (10) June 18, 2013	Scheduled Completion Date (11) June 20, 2013	Name of OSHA Monitor RICI CORP								
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Close/Nacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe		Street Address 41 LIBERTY STREET City, State, Zip Code PASSAIC, NJ 07055								
Scope of Work (Check all that apply) <input type="checkbox"/> ~: 3 sf or ~: 3 lf <input checked="" type="checkbox"/> ~: 1 60 sf or ~: 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		x		Pipe Insulation	250 LF	x				
Name of Registered Waste Hauler RICI CORP City, State PASSAIC, NJ		NJDEP Waste Hauler ID No. 29051	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. LANDFILL City, State MORRISVILLE, PA						
Completed by RISTO TRAJKOV		Title PRESIDENT	Signature 	Date 06/13/2013						

OK 22244

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

Date of Notification (1) <u>6</u> / <u>21</u> / <u>13</u>		Name of Building Owner/Operator (2) E. I. Dupont								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road								
		City, State, Zip Code Parlin, NJ 08859								
		Name of Contact Nichol Reinhold	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Building 1820		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 250 Cheesequake Road		Square Feet 12200	# of Floors 3							
City (5) Parlin		Bldg. Age +/- 50								
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories	ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.								
Street Address 3370 Progress Drive, Suite J		Street Address 8436 Enterprise Avenue								
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19153								
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 215-365-5810	License No. 1156							
Start Date (10) <u>7</u> / <u>5</u> / <u>13</u>	Scheduled Completion Date (11) <u>7</u> / <u>12</u> / <u>13</u>	Name of OSHA Monitor USA Environmental Management, 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 - Describe Time of Abatement: 7:30 AM-3:30PM/ _____ PM- _____ AM		Street Address 8436 Enterprise Avenue								
		City, State, Zip Code Philadelphia, PA 19153								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	
Bldg. 1820	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Door		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler USA Environmental Management, Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill						
City, State Philadelphia, PA		Disposal Date 7/13/2013		City, State Waynesburg, OH						
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature				Date		

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

#1929

Date of Notification (1) 6-25-13		Name of Building Owner/Operator (2) Jeffler					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 112 Somerset Ave					
		City, State, Zip Code Bridgewater NJ					
		Name of Contact JACK	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Jeffler Residence		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 112 Somerset Ave		Square Feet 1800	# of Floors 1				
City (5) Bridgewater		Bldg. Age 72					
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co. Inc.				
Street Address		Street Address 95 Montrose Rd					
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722					
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 7-5-13	Scheduled Completion Date (11) 7-9-13		Name of OSHA Monitor Ace Insulation Co. Inc.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 7PM			Street Address 95 Montrose Rd				
			City, State, Zip Code Colts Neck, N.J. 07722				
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normal / 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
BASMENT			WET WIP + ENCAP Pipe	208115			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler Ace Insulation Co. Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill IESI			
City, State Colts Neck N.J.		Disposal Date 7-9-13	City, State Bethlehem PA				
Completed by George G. West	Title PRESIDENT	Signature [Signature]		Date 6-25-13			

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

2013
 1929

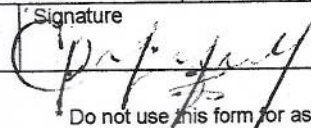
Date of Notification (1) 6-25-13		Name of Building Owner/Operator (2) D&R CONE							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 109 Van Cleeef Rd							
		City, State, Zip Code Franklin Twp, NJ							
		Name of Contact Kevin	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) D&R CONE		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 109 Van Cleeef Rd.		Square Feet 1200	# of Floors 1						
City (5) Franklin Twp		Sdg. Age 72							
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co. Inc.						
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 7-5-13	Scheduled Completion Date (11) 7-13-13		Name of OSHA Monitor Ace Insulation Co. Inc						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM 7PM		Street Address 95 Montrose Rd.							
		City, State, Zip Code Colts Neck, N.J. 07722							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 M <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 M		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
INTERIOR			✓	FIRE TILE	500 LF				✓
INTERIOR			✓	FIRE TILE	25 LF				✓
EXTERIOR			✓	DOOR CAULK	20 LF				✓
EXTERIOR			✓	ROOF VENT FLASHING	5 LF				✓
Name of Registered Waste Hauler Ace Insulation Co. Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Colts Neck, N.J.		Disposal Date 7-13-13	City, State Tullytown, PA						
Completed by President		Title President	Signature <i>[Signature]</i>		Date 6-25-13				

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

H 1929

Date of Notification (1) 6-25-13		Name of Building Owner/Operator (2) D & R CANEL							
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 86 MEADOW DR	City, State, Zip Code FRANKLIN TWP NJ						
Name of Facility Where Abatement is Taking Place (3) D & R Property		Name of Contact KEVIN							
Street Address 86 Meadow Dr		Telephone Number							
City (5) Franklin Township	County (6) Somerset	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 5 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
County Code (7) (STATE USE ONLY)	County Code (7) (STATE USE ONLY)	Square Feet 100	# of Floors 1						
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 73							
Street Address	ASCM No.	Current Use (Prior if being demolished) RESIDENCE							
City, State, Zip Code	Name of Abatement Contractor (9)	Name of OSHA Monitor							
Project Manager for Monitoring Firm	Street Address Ace Insulation Co. Inc.	Telephone No. 732-294-1757							
Start Date (10) 7-9-13	Scheduled Completion Date (11) 7-15-13	City, State, Zip Code Colts Neck, N.J. 07722	License No. 00029						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 7 PM		Name of OSHA Monitor Ace Insulation Co. Inc.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 95 Montrose Rd.							
City, State, Zip Code Colts Neck, N.J. 07722		City, State, Zip Code Colts Neck, N.J. 07722							
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
Exterior				Horizontal TAR	40 SF	<input checked="" type="checkbox"/>			
Exterior				Window Glazing	375 LF	<input checked="" type="checkbox"/>			
Exterior				Door Glazing	375 LF	<input checked="" type="checkbox"/>			
Interior				TRANSITE	20 #	<input checked="" type="checkbox"/>			
Interior				FIRE TILE	20 #	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co. Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Colts Neck, N.J.		Disposal Date 7-13-13	City, State Tullytown, PA						
Completed by George Bluest		Title PRESIDENT	Signature <i>[Signature]</i>			Date 6-25-13			

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

Date of Notification (1) 06/21/2013		Name of Building Owner/Operator (2) JOHN STAUDINGER							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 41 CINDY DR.						
	City, State, Zip Code MANAHAWKIN N.J. 08050			Name of Contact JOHN PERRONE					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 41 CINDY DR.			Square Feet	# of Floors	Bldg. Age				
City (5) MANAHAWKIN N.J. 08050			Current Use (Prior if being demolished) YES						
County (6)		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Street Address 22 VAN ORDEN PL.					
Street Address		City, State, Zip Code HACKENSACK N.J. 07601		Telephone No. 201- 708- 4270					
City, State, Zip Code		Telephone No.		License No. 01135					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor SAN AIR TECHNOLOGIES LAB.					
Start Date (10) 06/24/2013		Scheduled Completion Date (11) 06/25/2013		Street Address 1551 - OAKBRIGDE SUITE. 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: _____		City, State, Zip Code POWATHAN VA. 23139							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		SHINGLES	1,100 SF.	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste TBD		Name of Registered Landfill MINERVA ENTERPRISE INC.			
City, State HACKENSACK. N.J.		Disposal Date TBD		City, State WAYNESBURG - OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 06/21/2013			

ck
1451

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

Date of Notification (1) 6/18/2013		Name of Building Owner / Operator (2) Servicemaster	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 177	
		City, State & Zip Code Vineland, NJ	
		Name of Contact Tadgh Campbell	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bridgeton Villas			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 205 Cottage Avenue			Square Feet 2300	# of Floors 2	Bldg. Age 50
City (5) Vineland	County (6) Cumberland	County Code (7)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services		
Street Address		Street Address 2129 Route 33			
City, State & Zip Code		City, State & Zip Code Hamilton, NJ 08610			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956	License Number 01091	

Scheduled Start Date (10) 7/1/2013	Scheduled Completion Date (11) 7/9/2013	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 107 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<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) 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	2300sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL	NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 4	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date 6/23/2013	City, State Morrisville, PA	

Completed By (Print or Type) Rod Richardson	Title Project Manager	Signature <i>Rod Richardson</i>	Date 6/18/2013
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)**

8/1930

Date of Notification (1) 6-25-13		Name of Building Owner/Operator (2) SANTORO							
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 SUNSET DRIVE So.							
		City, State, Zip Code Berkley Township NJ 08751							
		Name of Contact 0224	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SANTORO		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 401 SUNSET DRIVE So.		Square Feet 2000	# of Floors 2						
City (5) Berkley Township		Bldg. Age 68							
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 7-5-13	Scheduled Completion Date (11) 7-11-13	Name of OSHA Monitor Ace Insulation Co. Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 95 Montrose Rd.							
		City, State, Zip Code Colts Neck, N.J. 07722							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTDOORS	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) SIDING	Amount (Specify SF or LF) 1800*	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Ace Insulation Co. Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Colts Neck, N.J.		Disposal Date 7-11-13	City, State Tully Town, PA						
Completed by George G West		Title President	Signature <i>George G West</i>			Date 6-25-13			

CHECK #
7808

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

2013 JUL 18

Date of Notification (1) <u>6/24/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77 TH ST.</u>						
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>						
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>228 78TH ST</u>		Square Feet	# of Floors					
City (5) <u>SEA ISLE CITY</u>		Bldg. Age						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>7/8/13</u>	Scheduled Completion Date (11) <u>7/15/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 SF</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>				
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>6/24/13</u>					

CNCCIC#
2807

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

2013

Date of Notification (1) 6/27/13		Name of Building Owner/Operator (2) EARTH TECH CONTRACTING	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50	
		City, State, Zip Code CINCINNATI, N.J. 08230	
		Name of Contact BRUCE BREUNIG	Telephone Number

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 300 21ST STREET		Square Feet 1000	# of Floors 2
City (5) OCEAN CITY		Bldg Age 40+	
County (6) CAPRE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO INC.
Street Address		Street Address 369 S. SPRUCE AVE.
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0422
		License No. 00444

Start Date (10) 7/8/13	Scheduled Completion Date (11) 7/15/13	Name of OSHA Monitor JOSEPH KLEMM
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 369 S. SPRUCE AVE.
		City, State, Zip Code MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)

<input type="checkbox"/> 23 sf or 23 ft	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2160 sf or 2260 ft	<input checked="" 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	Encin	Encin/ab	Full enclosure
SIDING			X	TRANSITE	2,500 ft	X			
					2,500 ft	X			

Name of Registered Waste Hauler KLEMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A.
City, State MAPLE SHADE, N.J. 08052	Disposal Date	City, State WOODBINE, N.J.	
Completed By JOSEPH KLEMM	Title OWNER	Signature <i>Joseph Klemm</i>	Date 6/27/13

State of New Jersey **REMEMBER - MAIL IN HARD COPY**
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:128)

OK
5917

2013 JUN 28

Date of Notification (1) June 25, 2013		Name of Building Owner/Operator (2) Delran Township Schools		Check # 5817	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 52 Hartford Road City, State, Zip Code Delran, NJ 08075 Name of Contact	
Name of Facility Where Abatement is Taking Place (3) Delran Middle School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 906 South Chester Avenue		City (5) Delran, NJ 08109		Square Feet 10,000	# of Floors 2
County (6) Burlington		County Code (7) (STATE USE ONLY)		Bldg. Age 100	
Name of Monitoring Firm Hired by Building Owner (8) Watchtower Environmental, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 307 N. Walnut Street		City, State, Zip Code West Chester, PA 19380		Street Address 829 Culler Ave. City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 810-431-7646		Telephone No. 866-753-0088	License No. 00842
Start Date (10) June 26, 2013		Scheduled Completion Date (11) July 5, 2013		Name of OSHA Monitor EMSL	
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 107 Haddon Ave. City, State, Zip Code Westmont, New Jersey 08108	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 of or 23 if ≥ 160 of or 1280 if <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Exempted (C) 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)	
Hallways		X		Fiber Glass on Pipe (Glove Bag)	
Hallways near cafeteria/A112/A113		X		Fiber Glass on Pipe (Full Cont.)	
Name of Registered Waste Hauler Freehold		NJDEP Waste Hauler ID No. 22253		Cubic Yards of Waste 3	
City, State Mound Holly, New Jersey 08060		Disposal Date 7/5/2013		Name of Registered Landfill Grows Landfill City, State Tullytown, PA.	
Completed by Christina Lynch		Title Operations Manager		Signature <i>Christina Lynch</i> Date June 26, 2013	

DOL - 10 DAY
JUN 25 2013
WATER APPROVED

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

MO#20613923820

Date of Notification (1) 06 / 25 / 13		Name of Building Owner/Operator (2) Gail Knowlton	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
	Street Address 25 Firemont Avenue		
	City, State, Zip Code North Arlington, NJ 07031		
	Name of Contact Gail Knowlton		Telephone Number

2013 JUN 28 AM 2:50
ELECTRONIC

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 25 Firemont Avenue		Square Feet	
City (5) North Arlington, NJ 07031		# of Floors	Bldg. Age
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address	Street Address	Street Address 576 Valley Rd #283	
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 07 / 05 / 13	Scheduled Completion Date (11) 07 / 06 / 13	Name of OSHA Monitor Envirovision Consultants, 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>Robert Jevtic</i>		Date 06/25/2013

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

Date of Notification (1) 6-25-2013		Name of Building Owner/Operator (2) Mr. Rutledge	
Agencies Notified	Type Notification	Street Address 16 Wood Hill Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Maplewood, NJ,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mr. Rutledge	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

2013 JUN 20 11:25:50

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<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)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
	Essex		2100	3	100
			Current Use (Prior if being demolished)		

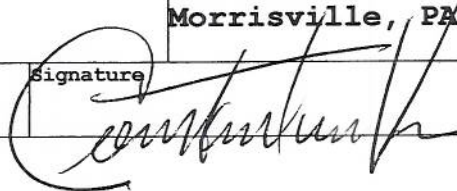
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number		License Number	
	N/A	(973) 744-8800		00371	

Scheduled Start Date (10) 7-5-2013	Sched. Completion Date (11) 7-8-2013	Name of OSHA Monitor N/A			
Month Day Year	Month Day Year				
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 - Describe: <u>«OffHours Descript»</u>		City, State, Zip Code			
<input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>					

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 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
Attic			X	Ductwork	18 lf	X			
Basement				Ductwork	100 sf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 6-25-2013	

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

Date of Notification (1) 9-19-12		Name of Building Owner/Operator (2) Ronald Joseph	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification [] Amended Notification [] EMERGENCY [] Cancellation	Street Address 49 Warwick Street	
		City, State, Zip Code East Orange, NJ,	
		Name of Contact Ronald Joseph	Telephone Number [REDACTED]

2013 JUN 28 AM 12:50
401-251-1000

FACILITY INFORMATION

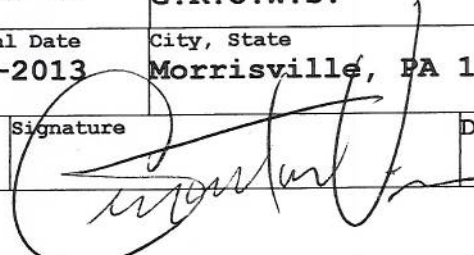
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1800	# of Floors 2	Bldg. Age 80
City (5)	County (6) Essex ESSEX	County 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) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371		
Scheduled Start Date (10) 7-5-2013	Sched. Completion Date (11) 7-8-2013		Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> [] Other - Describe: <u>Other Occupancy Descript</u>		Street Address			
		City, State, Zip Code			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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	R	E	E	
Basement			X	PIPE INSULATION	40 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 7-9-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 6-25-2013	

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

3339

2013 JUN 28 AM 2:50

ASBESTOS & LEAD ANALYSIS

Date of Notification (1) 6/25/13		Name of Building Owner/Operator (2) Paul The VI High 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 901 Hopkins Rd	
		City, State, Zip Code Haddonfield NJ 08033	
		Name of Contact Sal	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Paul The VI 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 901 Hopkins Rd		Square Feet 1000+	# of Floors 2
City (5) Haddonfield NJ 08033		Bldg. Age 35+	
County (6) Camden	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) 7/8/13	Scheduled Completion Date (11) 7/16/13	Name of OSHA Monitor Same	
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"/> 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

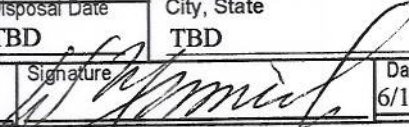
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Auditorium		X		Floor Tile / Mastic	6500 SF	X			

Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ	Disposal Date 7/16/13	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 6/25/13

CK
1380

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

2013 JUN 28 11:50 AM
NJ DEP

Date of Notification (1) <u>6/16/13</u>		Name of Building Owner/Operator (2) <u>Robert DiRico</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>403 Cranford Road</u> City, State, Zip Code <u>Cherry Hill, NJ</u> Name of Contact <u>Robert DiRico</u> Telephone Number _____							
	FACILITY INFORMATION									
	Name of Facility Where Abatement is Taking Place (3) <u>Residence</u> Street Address <u>403 Cranford Rd</u> City (s) <u>Cherry Hill</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet <u>1400</u> # of Floors <u>2</u> Bldg. Age <u>30 yrs</u>							
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>300 S. Lenola Road</u>								
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>								
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>							
Start Date (10) <u>6/25 /2013</u>	Scheduled Completion Date (11) <u>6/25 /2013</u>	Name of OSHA Monitor <u>AEi2, LLC</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 S. Lenola Road</u> City, State, Zip Code <u>Maple Shade, NJ 08052</u>								
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 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	Encapsulation	Enclosure	
Basement			X	Floor Tile & Mastic	500 SF	X				
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>TBD</u>						
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>						
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 				Date <u>6/16/13</u>			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 9:60 and 12:120)

1-001 1-001 00 0-000

ck 2672

2013 JUN 20

Date of Notification (1) 6-17-13 Name of Building Owner/Operator (2) Rutgers University

Agency Notified: EPA, DEP, DOL, DOH, DCA

Type Notification: Initial, Amended, Amendment #, Emergency (including justifications), Cancellation

Street Address: 201 Mullica Hill

City, State, Zip Code: Glassboro NJ 08028

Name of Contact: JACK GLASS Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wilkes Hall

Street Address: 201 Mullica Hill

City (5): Glassboro

County (6): Gloucester

Type of Facility (4): School (K-12), Subchapter B (Other than K-12), Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 30000 # of Floors: 3 Bldg. Age: 70

County Code (7) (STATE USE ONLY): _____ Current Use (Prior to being demolished): _____

Name of Monitoring Firm Hired by Building Owner (8) _____ ASCM No. _____

Name of Abatement Contractor (9) ANI JOE LLC

Street Address: _____

City, State, Zip Code: Delanco NJ 08025

Project Manager for Monitoring Firm _____ Telephone No. _____

Telephone No.: 856 824 0971 License No.: 01070

Start Date (10): 6-17-13 Scheduled Completion Date (11): 6-30-13

Name of OSHA Monitor: Self

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: _____

Street Address: _____

City, State, Zip Code: _____

Scope of Work (Check all that apply): ≥ 3 sf or ≥ 3 lf, ≥ 150 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
<u>West Wall & Cut 1st Floor</u>				<u>West PIPE</u>	<u>1000 SF</u>			<input checked="" type="checkbox"/>
<u>Wall & Cut 2nd Floor</u>				<u>Heat PIPE</u>	<u>1100 LF</u>			<input checked="" type="checkbox"/>

Name of Registered Waste Hauler: V Robinson Wast NJDEP Waste Hauler ID No.: 28635

City, State: Bellmawr NJ

Cubic Yards of Waste: 20 Name of Registered Landfill: WM of PA

City, State: Tullytown PA

Completed by: Joe Hill Title: VP Signature: JH Date: 6-17-13

ASB-41

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

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

2013 JUN

2683

6-23-13

Date of Notification (1) <i>6-23-13</i>		Name of Building Owner/Operator (2) <i>National Park Elementary School District</i>	
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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>516 Lakehurst Ave</i>	
		City, State, Zip Code <i>National Park NJ 08063</i>	
		Name of Contact <i>Bill Cithell</i>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <i>National Park Elem School</i>		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 <i>516 Lakehurst Ave</i>		Square Feet	# of Floors
City (5) <i>National Park</i>		Bidg. Age	
County (6) <i>Gloucester</i>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <i>Ani Inc LLC</i>	
Street Address		Street Address <i>1212 Burlington Ave</i>	
City, State, Zip Code		City, State, Zip Code <i>Delanco NJ 08015</i>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <i>856 524 0971</i>	License No. <i>01070</i>

Start Date (10) <i>July 8th 2013</i>	Scheduled Completion Date (11) <i>July 20th 2013</i>	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)

≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 280 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Encapsulate/Repair	Enclosure
<i>Rm 15-17</i>				<i>(ACM) Floor tile</i>	<i>800</i>	<input checked="" type="checkbox"/>		
<i>Rm 18</i>				<i>ACM Floor tile</i>	<i>800</i>	<input checked="" type="checkbox"/>		
<i>Rm 22</i>				<i>ACM Floor tile</i>	<i>800</i>	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <i>Ani Inc LLC</i>	NJDEP Waste Hauler ID No. <i>20849</i>	Cubic Yards of Waste	Name of Registered Landfill <i>WM of Pa</i>
City, State <i>Delanco NJ</i>		Disposal Date	City, State <i>Tullytown Pa</i>
Completed by <i>JOE HILL</i>	Title <i>VP</i>	Signature <i>[Signature]</i>	Date <i>6-23-13</i>

6-23-13

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

OK 30896

2013 JUN 28 AM 2:50
 DEPT. OF LICENSING

Date of Notification (1) 06/26/13 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Otego	
	<input type="checkbox"/> Notification <input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Lawrence Low Rise Apartments bldg 3 apt 203, 205 bldg 4 apt 201			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Alaxender Road			Square Feet 10000	# of Floors 3	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) 07/11/13 Month/Day/Year	Sched. Completion Date (11) 07/12/13 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: 8:00 AM - 5:00 PM Other - Describe:		Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020			

Scope of work (Check all that apply)

Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf	Renovation <input type="checkbox"/>	Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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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	N	E				
						M	O	P	A	S			
BLDG 3 -apt 203 -kitchen		<input checked="" type="checkbox"/>		floor tile	80	<input checked="" type="checkbox"/>							
BLDG 3 -apt 205 -kitchen		<input checked="" type="checkbox"/>		floor tile	80	<input checked="" type="checkbox"/>							
BLDG 4 -apt 201 -kitchen		<input checked="" type="checkbox"/>		floor tile	80	<input checked="" type="checkbox"/>							

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 4	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 6-26-13