


21607

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

Date of Notification (1) <b>3 / 08 / 12</b>		Name of Building Owner/Operator (2) <b>67 Whippany Investors, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>49 Bloomfield Avenue</b>							
		City, State, Zip Code <b>Mountain Lakes, NJ 07046</b>							
		Name of Contact <b>Ross Chomik</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>67 Whippany Road - Bldg. A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>67 Whippany Road</b>		Square Feet <b>180,000</b>	# of Floors <b>3</b>						
City (5) <b>Whippany</b>		Bldg. Age <b>50 years</b>							
County (6) <b>Morris</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services Inc.</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc.</b>						
Street Address <b>318 12th Street</b>		Street Address <b>2 Henderson Drive, Ste A</b>							
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00411</b>						
Start Date (10) <b>03 / 20 / 12</b>	Scheduled Completion Date (11) <b>05 / 11 / 12</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>2 Henderson Drive, Ste A</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <div style="text-align: right;"> <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         </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>16,000 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>3<sup>rd</sup> Fl. Behind Concrete Block...</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Fireproofing</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>and Air Shafts Ceilings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Gary W. Gray Trucking Inc.</b>		NJDEP Waste Hauler ID No. <b>09369</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>					
City, State <b>Delaware, NJ</b>		Disposal Date <b>5/11/2012</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 				Date <b>3-8-12</b>	



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

Date of Notification (1) 10/3/10 17/11/12		Name of Building Owner/Operator (2) ENGLEWOOD CLIFFS SCHOOL DISTRICT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 143 CHARLOTTE PLACE		City, State, Zip Code ENGLEWOOD CLIFFS, NJ	
Name of Contact MIKE KRISHER		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ENGLEWOOD CLIFFS SCHOOL DISTRICT			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 143 CHARLOTTE PLACE			Square Feet		
City (5) ENGLEWOOD CLIFFS			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8) WESTCHESTER ENVIRONMENTAL LLC		ASCM No. 00127		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address 307 NORTH WALNUT STREET				Street Address 20 California Ave.	
City, State, Zip Code WEST CHESTER, PA 19380				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm MATTHEW ABRAHAM		Phone Number 610-431-7545		Telephone Number 973-345-8020	
Start Date (10) 04/05/12		Sched. Completion Date (11) 04/12/12		License Number 00159	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	


Scope of Work (check all that apply) <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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BOARD OFFICE, COPY/STORE RM		<input checked="" type="checkbox"/>		CARPET, CARPET BACKING VAT MASTIC		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECEPTION AREA, SUPERS OFFICE		<input checked="" type="checkbox"/>		"		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS ADMIN OFFICE		<input checked="" type="checkbox"/>		"		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFERENCE ROOM		<input checked="" type="checkbox"/>		"	TOTAL 1,158 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 10 CU YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/09/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/07/12	



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

Date of Notification (1) <b>03/09/2012</b>		Name of Building Owner/Operator (2) <b>North Brunswick TOD Associates, LLC</b>	
Agencies Notified ( ) EPA ( ) DOL (x) DOH ( ) DCA	Notification Type (x) Initial Notification ( ) Amended Notification ( ) Cancelled	Street Address <b>2300 US Route 1 North</b> City, State, Zip Code <b>North Brunswick</b> Name of Contact <b>Nimish Patel</b>	
Phone <div style="border: 1px solid black; width: 100px; height: 20px;"></div>			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>North Brunswick TOD Associates, LLC</b> <b>Buildings 4,5,6,7,11 and 42 (One Structure)</b>		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address <b>2300 US Route 1</b>		Sq. Feet <b>150,000 SF</b> No. of Floors: <b>2</b> Bldg. Age <b>78 yrs</b> Current Use (prior if being demolished) <b>Vacant Bldg. (prior use Office Bldg.)</b>	
City (5) <b>North Brunswick</b>	County (6) <b>Middlesex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No. <b>00117</b>	Name of Contractor (9) <b>Superior Abatement, Inc.</b>
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>2 Henderson Drive, Ste A</b>	
City, State, Zip Code <b>Hammonton, NJ 08037</b>		City State, Zip Code <b>West Caldwell, NJ 07006</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone Number <b>609-704-8850</b>	Telephone Number <b>(973) 808-1616</b>	License Number <b>00411</b>
Scheduled Start Date (10) <b>3/19/2012</b>	Scheduled Completion Date (11) <b>4/13/2012</b>	Name of OSHA Monitor <b>Superior Abatement, Inc.</b>	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours – (x) Other – Describe: <b>Vacant Bldg.</b>		Street Address <b>2 Henderson Drive, Ste. A</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Source of Work (Check all that apply) (x) Demolition    ( ) Renovation (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure    (x) Mini-Enclosure (x) Glovebag Procedure    ( ) Non-friable Procedure for Asbestos Roof Removal.			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) NA    YES    NO	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Rem.    Rep.    Encap    Enclose
Bldg. 6 – Boiler Room	X	Thermal Systems Insulation	60 LF    X
Bldg. 4, 7, 42 – 1 <sup>st</sup> & 2 <sup>nd</sup> Floors	X	VAT and Mastic	4,200 SF    X
Bldg. 4 & 5 – 1 <sup>st</sup> Floor	X	Thermal Pipe Elbow Insulation	180 EA    X
Bldg. 11 & 42 - Exterior	X	Fiber Material Behind Blue Window Barriers	4,000 SF    X
Name of Reg. Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID # <b>SW2117</b>	Cubic Yards of Waste <b>160</b> Name of Reg. Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>		Disp. Date <b>4/13/2011</b>	<b>9000 Minerva Road Waynesburgh OH 44688</b>
Completed by (Print or Type) <b>Nick Petrovski</b>	Title <b>President</b>	Signature 	Date <b>03/09/2012</b>



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

CHECK#21739

Date of Notification (1) <b>3/9/2012</b>		Name of Building Owner/Operator (2) <b>BASSETT ASSOCIATES</b>	
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 Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>382 SPRINGFIELD AVENUE, 2ND FLR, RM 217</b> City, State, Zip Code <b>SUMMIT, NJ 07901</b>	
	Name of Contact <b>DAVE D'ANDREA</b>		Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>OFFICE BUILDING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>30 MAPLE STREET</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>SUMMIT</b>		Current Use (Prior if being demolished)	
County <b>MERCER</b>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH SERVICES</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address <b>78 E. ATLANTIC WAY</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>LAVALLETTE, NJ 08735</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>3/12/2012</b>	Scheduled Completion Date (11) <b>3/12/2012</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement performed outside of working hours 5:00 pm start time		Street Address  City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <sup>2</sup>		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>BASEMENT</b>			<b>PIPE INSULATION</b>
<b>VAT</b>			<b>THROUGHOUT</b>
Name of Registered Waste Hauler <b>LUCAS DEMOLITION</b>		NJDEP Waste Hauler ID No. <b>22384</b>	Cubic Yards of Waste <b>6 YD</b>
City, State <b>HIGHTSTOWN, NJ</b>		Disposal Date <b>3/14/2012</b>	Name of Registered Landfill <b>GROWS</b>
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>
ASB-41		Date <b>3/9/2012</b>	

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



CRE CK# 7693

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) CHECK #21708

Date of Notification (1) 03/08/2012		Name of Building Owner/Operator (2) <b>CAPITAL HEALTH SYSTEMS</b>	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>750 BRUNSWICK AVENUE</b>	
	City, State, Zip Code <b>TRENTON, NJ 08638</b>		Telephone Number
	Name of Contact <b>PAUL BOULTER</b>		
	<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) <b>CAPITAL HEALTH SYSTEMS/BOILER #1</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>750 BRUNSWICK AVENUE</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>TRENTON, NJ 08638</b>		Current Use (Prior if being demolished)	
County <b>MERCER</b>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
Street Address <b>P.O. BOX 341</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm <b>BILL WEISBGARBER</b>	Telephone No. <b>609-298-4070</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>03/09/2012</b>	Scheduled Completion Date (11) <b>03/10/2012</b>	Name of OSHA Monitor <b>MECS</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <b>EVENING WORK</b>		Street Address <b>P.O. BOX 341</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
I 2nd Floor	X		Floor Tile 600sf
Name of Registered Waste Hauler <b>LUCAS DISPOSAL SYSTEMS</b>		NJDEP Waste Hauler ID No. <b>22384</b>	Cubic Yards of Waste <b>5 YDS</b>
City, State <b>HIGHTSTOWN, NJ</b>		Disposal Date <b>03/12/12</b>	Name of Registered Landfill <b>GROWS</b>
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>
			Date <b>03/08/12</b>

ASB-41

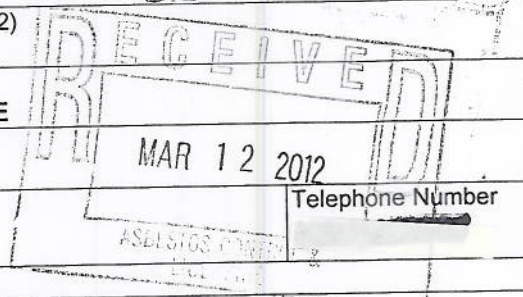
\* Do not use this form for asbestos licensure exempted activities

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

*CR # 2240*

Date of Notification (1) <b>3/8/2012</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address <b>15 EAST MONTGOMERY PLACE</b>			
						City, State & Zip Code <b>PITTSBURGH, PA 15212</b>			
						Name of Contact <b>ALEX BAYLOR</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hammonton Central Office - VERIZON</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>213 South 3<sup>rd</sup> Street</b>				Square Feet      # of Floors      Bldg. Age					
City (5) <b>Hammonton</b>		County (6) <b>Atlantic</b>		County Code (7)					
				Current Use (Prior if being demolished) <b>Verizon communication center</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>			ASCM No.						
Street Address <b>8436 Enterprise Ave</b>				Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>					
City, State & Zip Code <b>Philadelphia pa 19153</b>				Street Address <b>1123 BEAVER STREET</b>					
Project Manager for Monitoring Firm <b>Mark Jenkins</b>			Telephone Number <b>267-784-8651</b>		License Number <b>00509</b>				
Scheduled Start Date (10) <b>3/26/12</b>		Scheduled Completion Date (11) <b>3/30/12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>7:00 AM – 1:00 PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement				Street Address <b>1123 BEAVER STREET</b>					
				City, State & Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes   No   N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) <b>770 SF</b>	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
<b>Basement Mech Rm and Boiler Room</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>Floor tile and mastic</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>			NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date <b>3/30/2012</b>		City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Patrick T. DeCaro</b>			Title <b>Estimator</b>		Signature <i>Patrick T. DeCaro</i>			Date <b>3/8/2012</b>	



D&S Proj. #: MS 12-102

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

RECEIVED  
MAR 12 2012

Date of Notification (1) 03/10/12		Name of Building Owner/Operator (2) THE ESTATE OF MARIE RICHIE	
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 382 VAN DYKE AVENUE		City, State, Zip Code HALEDON, NJ	
Name of Contact ALISA KOLENUT		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THE ESTATE OF MARIE RICHIE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 382 VAN DYKE AVENUE			Square Feet		
City (5) HALEDON			County (6) PASSAIC		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 00159	
Start Date (10) 03/20/12		Sched. Completion Date (11) 03/29/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	110 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 YDS		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/21/12		City, State TULLYTOWN, PA		Date 03/09/12	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			

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



003510

D&amp;S Proj. #: MS 12-97

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

Date of Notification (1) 10/3/10 18/1/12		Name of Building Owner/Operator (2) TINA HON	
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 39 WILLOW STREET		City, State, Zip Code GLEN RIDGE, NJ	
Name of Contact TINA HON		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) TINA HON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 39 WILLOW STREET			Square Feet # of Floors Bldg. Age		
City (5) GLEN RIDGE			County (6) ESSEX		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
License Number				00159	
Start Date (10) 03/23/12		Sched. Completion Date (11) 03/30/12		Name of OSHA Monitor D & S Restoration, Inc.	
Street Address				Street Address 20 California Avenue	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation ☐ Full Containment w/negative pressure

☐ ≥160 sf or ≥260 lf ☐ Demolition ☒ Glovebag procedure

☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	80 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/26/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/08/12	



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



Date of Notification (1) 10/13/10 1/12/11		Name of Building Owner/Operator (2) KATHY BRGOSGOWSKI	
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 42 WILLIAMS STREET	
		City, State, Zip Code ROSELLE PARK, NJ	
		Name of Contact KATHY BRGOSGOWSKI	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KATHY BRGOWGOWSKI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address 42 WILLIAM STREET			
City (5) ROSELLE PARK	County (6) UNION	County Code (7) (State use only)	Square Feet
			# of Floors
			Bldg. Age
			Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 03/23/12	Sched. Completion Date (11) 03/30/12		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒  $\geq 3$  sf or  $\geq 3$  lf ☒ Renovation  
☐  $\geq 160$  sf or  $\geq 260$  lf ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		BASEMENT	91 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/24/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/09/12

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



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

003512

Date of Notification (1) 10/3/10 18/11/12		Name of Building Owner/Operator (2) MARILYN BECKER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 730 HOLLYWOOD AVENUE City, State, Zip Code HO-HO-KUS, NJ Name of Contact MARILYN BECKER Telephone Number	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) RESIDENTIAL BUILDING, MARILYN BECKER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 730 HOLLYWOOD AVENUE			Square Feet		
City (5) HO-HO-KUS			County (6) BERGEN		County Code (7) (State use only)
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 00159	
Start Date (10) 03/19/12		Sched. Completion Date (11) 03/28/12		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
---	--	--	--	---	--	--	--	---	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	90 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 03/20/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 03/08/12	

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



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

Date of Notification (1) 10/3/10 18/1/12/1		Name of Building Owner/Operator (2) EILEEN STANIEWICZ	
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 138 WALDWICK AVENUE		City, State, Zip Code WALDWICK, NJ	
Name of Contact EILEEN STANIEWICZ		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) EILEEN STANIEWICZ		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 138 WALDWICK AVENUE		Square Feet	# of Floors
City (5) WALDWICK	County (6) BERGEN	Bldg. Age	
County Code (7) (State use only)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 00159
Start Date (10) 03/20/12		Sched. Completion Date (11) 03/30/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure				

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	65 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/21/12	City, State TULLYTOWN, PA	Date 03/08/12
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

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



State of New Jersey 1108-4353  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check #3905  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) <b>3/7/12</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>33 West State Street Fl. 9</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	<b>Trenton, NJ 08625</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>David Lapidus</b>	

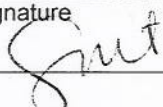
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Dogwood</b>			Type of Facility (4)		
Street Address <b>4 Read Rd.</b>			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	County Code (7)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) <b>Developmental Center</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>120 N. Warren Street</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Trenton, NJ 08608</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>3/8/12</b>	Scheduled Completion Date (11) <b>3/9/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one)			Street Address <b>108 Haddon Ave.</b>		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State & Zip Code <b>Westmont, NJ 08108</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe:					
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

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 ≥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
<b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mastic Debris Clean Up</b>	<b>80 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/9/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 		Date <b>3/7/12</b>



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

**1108-4353**  
**Check #3859**

Date of Notification (1) <b>3/7/12</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified	Type Notification	Street Address <b>33 West State Street Fl. 9</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>David Lapidus</b>	Telephone Number <b>[REDACTED]</b>

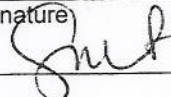
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Quince</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>13 Read Rd.</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Developmental Center</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>120 N. Warren Street</b>		Street Address <b>PO Box 25</b>			
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>			
Project Manager for Monitoring Firm <b>Brian Holbig</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>	
Scheduled Start Date (10) <b>3/8/12</b>		Scheduled Completion Date (11) <b>3/9/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

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 ≥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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mastic Debris Clean Up</b>	<b>80 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>3/9/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>3/7/12</b>



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT** Check #3904  
(Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4353

Date of Notification (1) <b>3/7/12</b>		Name of Building Owner / Operator (2) <b>NJ Department of Treasury</b>	
Agencies Notified	Type Notification	Street Address <b>33 West State Street Fl. 9</b>	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>David Lapidus</b>	Telephone Number



<b>FACILITY INFORMATION</b>		
Name of Facility Where Abatement is Taking Place (3) <b>New Lisbon Developmental Center- Locust</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address <b>10 Read Rd.</b>		Square Feet      # of Floors      Bldg. Age
City (5) <b>New Lisbon</b>	County (6) <b>Burlington</b>	County Code (7)
Current Use (Prior if being demolished) <b>Developmental Center</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No.
Street Address <b>120 N. Warren Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
City, State & Zip Code <b>Trenton, NJ 08608</b>		Street Address <b>PO Box 25</b>
Project Manager for Monitoring Firm <b>Brian Holbig</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>
Telephone Number <b>609-392-4200</b>	Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>3/8/12</b>	Scheduled Completion Date (11) <b>3/9/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>
		City, State & Zip Code <b>Westmont, NJ 08108</b>

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 ≥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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mechanical Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mastic Debris Clean Up</b>	<b>80 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>3/9/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature 	Date <b>3/7/12</b>



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

**1202-4448**  
**Check #3857**

*No check*

Date of Notification (1) <b>3/9/12</b>		Name of Building Owner / Operator (2) <b>Hamilton Township BOE</b>	
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 #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>90 Park Ave.</b> City, State & Zip Code <b>Hamilton, NJ 08690</b> Name of Contact <b>Marco Fernandez</b> Telephone Number 	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Reynolds MS</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>2145 Yardville-Hamilton Square Road</b>		Square Feet	# of Floors
City (5) <b>Hamilton Twp.</b>	County (6) <b>Mercer</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pars Environmental</b>		ASCM No. <b>00131</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>6 A South Gold Drive</b>		Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>Robbinsville, NJ 08691</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Roberto Feliz</b>		Telephone Number <b>609-890-7277</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>3/5/12</b>	Scheduled Completion Date (11) <b>3/16/12</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf  
☐ ≥160 sf ≥260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☒ 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
Freezer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic (Hole Drilling)	>1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

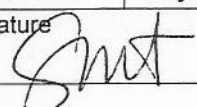
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>3/16/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature <i>Gwen</i>	Date <b>3/9/12</b>



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

**1111-4414 NF**  
**Check #3825**

*No check*

Date of Notification (1) <b>3/6/12</b>		Name of Building Owner / Operator (2) <b>Princeton University</b>	
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 #3 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b> City, State & Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b>	
		Telephone Number 	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Jadwin Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>Washington Road</b> <b>Princeton University Main Campus</b>		Square Feet	# of Floors 
City (5) <b>Princeton</b>	County (6) <b>Mercer</b>	Bldg. Age 	
County Code (7) 		Current Use (Prior if being demolished) <b>University</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates, Inc.</b>		ASCM No. 	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>Bromley Corporate Center 3 Terri Lane, Suite 12</b>		Street Address <b>PO Box 25</b>	
City, State & Zip Code <b>Burlington, NJ 08016</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Mike Keehn</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00529</b>
Scheduled Start Date (10) <b>1/16/12</b>	Scheduled Completion Date (11) <b>3/16/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) Yes    No    N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
			Abatement Type Removal    Repair    Encapsulate    Enclosure
<b>Work Area #NF1 (Stair 1) 1<sup>st</sup> thru 4<sup>th</sup> Fl.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Window Caulk/Glazing</b>	<b>106 LF</b>
<b>Work Area #NF2 (Stair 2) 4<sup>th</sup> Fl.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Window Caulk/Glazing</b>	<b>34 LF</b>
<b>Work Area #NF3 (Stair 3) 4<sup>th</sup> Fl.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Window Caulk/Glazing</b>	<b>34 LF</b>
<b>Stairwell #2 and #3</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<b>Floor tile &amp; Mastic (NF)</b>	<b>180 SF</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>8</b>
City, State <b>Lumberton, NJ</b>		Name of Registered Landfill <b>TRRF Landfill</b>	
Disposal Date <b>3/16/12</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 
		Date <b>3/6/12</b>	



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

Date of Notification (1) <b>3/7/12</b>		Name of Building Owner/Operator (2) <b>Raymond Folkman</b>	
Agencies Notified	Type Notification	Street Address <b>145 Tuscan Rd.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Maplewood, NJ, 07040</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Raymond Folkman</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number <b>[REDACTED]</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Raymond Folkman</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>145 Tuscan Rd.</b>			Square Feet <b>2400</b>		
City (5) <b>Maplewood</b>			# of Floors <b>2</b>		
County (6) <b>Essex</b>			Bldg. Age <b>75</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No. <b>67</b>		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		City, State, Zip Code <b>Montclair, NJ 07042</b>	
City, State, Zip Code		Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Name of OSHA Monitor <b>N/A</b>	
Scheduled Start Date (10) <b>3/16/12</b>		Sched. Completion Date (11) <b>3/17/12</b>		Street Address	
Month Day Year		Month Day Year		City, State, Zip Code	
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: «OffHours Descript»					
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

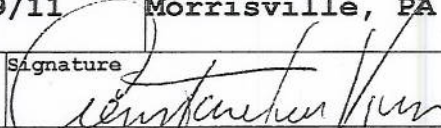
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-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			R	E	E	N	E
Basement			X	Pipe Insulation	45 lf	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste <b>0.75</b>		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>3/19/11</b>		City, State <b>Morrisville, PA 19067</b>			
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature 		Date <b>3/7/12</b>	



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

Check # 8146

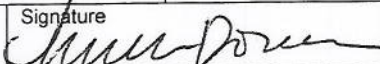
Date of Notification (1) <b>3-8-12</b>		Name of Building Owner/Operator (2) <b>Fortunato Ritorto</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>253 Route 206</b>	
		City, State, Zip Code <b>Hillsborough NJ 08844</b>	
		Name of Contact <b>Fortunato Ritorto</b>	
Telephone Number 			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling (vacant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>253 Route 206</b>		Square Feet	# of Floors <b>2</b>
City (5) <b>Hillsborough NJ 08844</b>		Bldg. Age <b>70+-</b>	
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Single family</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies, Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>	Telephone No. <b>609-758-3365</b>	Telephone No. <b>609-758-3365</b>	License No. <b>00394</b>
Start Date (10) <b>3-19-12</b>	Scheduled Completion Date (11) <b>3-23-12</b>	Name of OSHA Monitor <b>EPC Technologies, Inc</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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)
	Yes	No	
<b>Basement</b>	<b>x</b>		<b>Pipe Insulation</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>	NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management</b>
City, State <b>NE NJ</b>		Disposal Date <b>3-23-12</b>	City, State <b>Morrisville PA</b>
Completed by <b>Steve Schenker</b>	Title <b>President</b>	Signature <b>Steve Schenker</b>	Date <b>3-8-12</b>



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

CHECK #

18351

Date of Notification (1) 03-06-12		Name of Building Owner/Operator (2) U.S. Army Corps. of Engineers							
Agencies Notified	Type Notification	Street Address 68 FINDERNE AVE							
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Paul Kara	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 113 Greenbrook Road		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 & commercial buildings, homes, etc.)							
City (5) Middlesex	County (6) Middlesex	Square Feet N/A	# of Floors N/A						
County Code (7) (STATE USE ONLY) _____		Bldg. Age N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address N/A		Street Address 200 Broad Street							
City, State, Zip Code N/A		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 00756						
Start Date (10) 03-16-12	Scheduled Completion Date (11) 04-30-12	Name of OSHA Monitor Even-Air 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: Exterior		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Transite Piping	90LF	x			
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager	Signature 	Date 03-06-12					



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

Check #6295

Date of Notification (1) <b>March 7, 2012</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address <b>2400 John F. Kennedy Boulevard</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Jersey City, NJ 07304</b>	
		Name of Contact <b>Dino Nappi</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>2400 John F. Kennedy Boulevard</b>		Square Feet <b>8,000</b>	# of Floors <b>2</b>
City (5) <b>Jersey City</b>		Bldg. Age <b>148</b>	
County (6) <b>Hudson</b>		Current Use (Prior if being demolished) <b>Bank</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCM No. _____	
Street Address <b>One Mall Drive, Suite 404</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Cherry Hill, NJ 08002</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		Telephone Number <b>856-482-1311</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>March 17, 2012</b>	Scheduled Completion Date (11) <b>March 18, 2012</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)


- |  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> 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
Teller Area / Viewing Booth			X	Floor Tile and Mastic	1,500 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grows Landfill</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 19, 2012</b>	City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>March 7, 2012</b>						

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



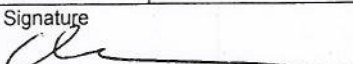
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/7/12		Name of Building Owner/Operator (2) Mike Horn /Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 107 Lippencot Av							
		City, State, Zip Code Riverton NJ 08077							
		Name of Contact Mike	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Horn /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 107 Lippencot Av		Square Feet 1000+	# of Floors 2						
City (5) Riverton NJ 0807		Bldg. Age 35+							
County (6) Burlington	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. _____	License No. 00727						
Start Date (10) 3/20/12	Scheduled Completion Date (11) 3/27/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Duct Insulation	60 LF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ 08091			Disposal Date 3/27/12	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 3/7/12			




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

CK  
2449

Date of Notification (1) <del>3/1/12</del> 3/7/12		Name of Building Owner/Operator (2) NJ Transit Headquarters							
Agencies Notified	Type Notification	Street Address One Penn Plaza East							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Russel Samaroo	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ Transit Hoboken Hill Yard		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Marin Boulevard and 18th Street		Square Feet N/A	# of Floors N/A						
City (5) Hoboken NJ 07030		Bldg. Age N/a							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCN No. 0003	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North Church Street		Street Address PO Box 329							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00727						
Start Date (10) 3/20/12	Scheduled Completion Date (11) 3/23/12	Name of OSHA Monitor Pernaco 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: Night Work 10 PM to 5am		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
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
Along The Tracks /out side			x	Pipe insulation	60 LF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State West Berlin NJ		Disposal Date 3/21/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/7/12		



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

Date of Notification (1) 3/7/12		Name of Building Owner/Operator (2) Mike Alue							
Agencies Notified	Type Notification	Street Address 1906 Atlantic Av							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Sue	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mike Alue		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 1906 Atlantic Av		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) 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) 3/17/12	Scheduled Completion Date (11) 3/22/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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) <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	exterior siding	2500 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ 08091		Disposal Date 3/22/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/7/12		



CHECK #  
2245

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

Date of Notification (1) <u>3/7/12</u>		Name of Building Owner/Operator (2) <u>EMTECH CONTRACTING</u>	
Agencies Notified	Type Notification	Street Address <u>155 RT. 50</u>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u></u>

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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2932 CENTRAL AVE.</u>		Square Feet <u>1000</u>	Bldg Age <u>40+</u>
City (5) <u>OCEAN CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)		

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

Start Date (10) <u>3/19/12</u>	Scheduled Completion Date (11) <u>3/26/12</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: <u></u>		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"/> 23 sq ft or 23 ft <sup>2</sup> <input type="checkbox"/> 2150 sq ft or 2260 ft <sup>2</sup>	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce 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	Encapsulation	Other
<u>SIDING</u>				<u>TRANSITE</u>	<u>2400 LF</u>			<u>X</u>

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date <u></u>	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>3/7/12</u>



(NO HEAT) 10-DAY  
WAIVER REQUEST

State of New Jersey  
NOTIFICATION OF ABSENCES ABANDONMENT  
Permitted to BANC 600 and 12129

Fax:

Mar 10 2012 01:23PM 10017001

ch # 1295  
NJ Dept. of Health & Senior Services  
Signature: [Signature]  
Date: 3/6/12

Date of Notification (1)		Name of Building Owner/Operator (2)	
3-6-12		F. TRAFTON	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including jobification) <input type="checkbox"/> Circumstantial	88 CHADWICK STREET	
		City, State, Zip Code	
		EAST RUTHERFORD, NJ 07073	
		Name of Contact	
		F. TRAFTON	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abandonment is Taking Place (3)		Type of Facility (4)	
F. TRAFTON		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Supermarket & Other than K-12 <input checked="" type="checkbox"/> Other (e.g. public & commercial buildings, houses, etc.)	
Street Address		Square Feet	
88 CHADWICK STREET		1900	
City (5)		# of Floors	
EAST RUTHERFORD		2	
County (6)		Total Age	
BERGEN		50 YRS	
County Code (7)		Contact Map (Please Print Building Identification)	
BERGEN		RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCE No.	
Street Address		Name of Abandonment Contractor (9)	
		Best Removal Inc	
City, State, Zip Code		Street Address	
		450 South River St	
		City, State, Zip Code	
		Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.	
		201-329-7444	
Start Date (10)		License No.	
3-7-12		00388	
Scheduled Completion Date (11)		Name of OSHA Monitor	
3-8-12		Omega Environmental Services	
Occupancy Status During Abandonment (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Abandoned During Entire Period of Abandonment <input type="checkbox"/> Abandonment Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		280 Huyler St.	
		City, State, Zip Code	
		South Hackensack, N.J. 07606	
Scope of Work (Check All That Apply)		<input type="checkbox"/> Full Compliance with Negative Pressure <input checked="" type="checkbox"/> Full Enclosure <input checked="" type="checkbox"/> Gloving Procedures <input type="checkbox"/> Non-Enclosed (C) and Non-Fabric Procedures	
<input checked="" type="checkbox"/> 25 of or 25 ft <input type="checkbox"/> 2140 of or 2200 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
Location of Activities Containing Material (ACM) TO BE GRATED in Facility (12)		Is Location Normally Used Solely by Maintenance/Control Staff? (13)	
		Yes No N/A	
BASEMENT		X	
Description of Activities Containing Material (ACM) (e.g. thermal systems insulation, roofing, VMT, or other miscellaneous)		Amount (Specify SF or LF)	
X THERMAL INSULATION		28 LF X	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
ATLANTIC WASTE SERVICES		22592	
City, State		Cable Yards of Waste	
ROCHELLE PARK, N.J.		1/2 YD	
Disposal Date		Name of Registered Landfill	
3-8-12		IESI LANDFILL	
City, State		BETHLEHEM, PA 18015	
Checked by		Estimator	
R. VELAND		P. Veland	
Date		Date	
3-6-12		3-6-12	



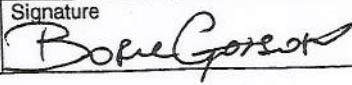
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*NO check*

Date of Notification (1) 02/13/2012		Name of Building Owner/Operator (2) Boonton Board of Education							
Agencies Notified	Type Notification	Street Address 434 Lathrop Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Boonton, NJ 07005							
		Name of Contact John Kasternakis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) John Hill School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 435 Lathrop Ave.		Square Feet 45,028	# of Floors 3						
City (5) Boonton, NJ 07005		Bldg. Age 1922							
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) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) SMAC Corp.						
Street Address 20-21 Wagaraw Road-Bldg. 34A		Street Address 27 East 33rd Street							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Paterson, NJ 07514							
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9145	Telephone No. 973-345-4055						
		License No. 01110							
Start Date (10) 02/23/2012	Scheduled Completion Date (11) 08/24/2012	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 <input checked="" type="checkbox"/> Other - Describe: SEE THE ATTACHED EXPLANATION LETTER		Street Address 1056 SHELTON AVE.							
		City, State, Zip Code PISCATAWAY NJ 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"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Mortar			X	Boiler Room		X		X	
Pipe & Elbow insulation			X	Hallways		X		X	X
Floor Tile Mastic			X	1st, 2nd, 3rd Floor		X		X	
Ceiling Plaster			X	Boiler Room		X		X	
Name of Registered Waste Hauler SMAC CORP.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 40 Yards	Name of Registered Landfill Grows Landfill					
City, State 27 East 33rd Street, Paterson, NJ 07514			Disposal Date 04/05/2012	City, State Morrisville, PA					
Completed by Borce Gjorsoski		Title President	Signature <i>Borce Gjorsoski</i>			Date 3/02/12			



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

Date of Notification (1) <b>02 / 13 / 12</b>		Name of Building Owner/Operator (2) <b>Boonton Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>434 Lathern Ave</b>							
		City, State, Zip Code <b>Boonton, NJ 07005</b>							
		Name of Contact <b>John Kasternakis</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>John Hill School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>435 Lathron Ave.</b>		Square Feet <b>45,028</b>	# of Floors <b>3</b>						
City (5) <b>Boonton, NJ 07005</b>		Bldg. Age <b>1922</b>							
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Remediation &amp; Management</b>	ASC No.	Name of Abatement Contractor (9) <b>SMAC Corp.</b>							
Street Address <b>49 Prestile Pl.</b>		Street Address <b>27 EAST 33<sup>RD</sup> STREET</b>							
City, State, Zip Code <b>Trenton, NJ 08691</b>		City, State, Zip Code <b>PATERSON NJ 07514</b>							
Project Manager for Monitoring Firm <b>Gary Ceuerence</b>	Telephone No. <b>609-259-8077</b>	Telephone No. <b>973-345-4055</b>	License No. <b>01110</b>						
Start Date (10) <b>02 / 23 / 12</b>	Scheduled Completion Date (11) <b>08 / 24 / 12</b>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address <b>1056 SHELTON AVE</b>							
		City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Boiler Mortar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Room	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipe & Elbow insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hallways	1,500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor Tile Mastic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1st, 2nd, 3rd Floor	3,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling Plaster	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Room	2,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SMAC Corp</b>		NJDEP Waste Hauler ID No. <b>18590</b>		Cubic Yards of Waste <b>30 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>27 E 33rd Street, Paterson, NJ - 07514</b>		Disposal Date <b>08/24/2012</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Borce Gjorsoski</b>		Title <b>President</b>		Signature 		Date <b>2/13/12</b>			