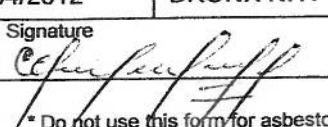


223

Print Form

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

Date of Notification (1) 03/23/2012		Name of Building Owner/Operator (2) EDWARD BURNS							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 615 COOPER AVE.							
		City, State, Zip Code ORADELL N.J. 07649							
		Name of Contact EDWARD BURNS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 615 COOPER AVE.		Square Feet 2000	# of Floors 2 STORIES						
City (5) ORADELL N.J. 07649		Bldg. Age 83 YEARS							
County (6)	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) SHARON QUALITY CONSTRUCTION LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm		Telephone No. 201-708- 4270	License No. 01135						
Start Date (10) 04/02/2012	Scheduled Completion Date (11) 04/03/2012	Name of OSHA Monitor J&S ENVIROMENTAL SERVICES							
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 22 ROUTE WEST							
		City, State, Zip Code UNION N.J.							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMANT		X		PIPE INSULATION	83 SF.	X			
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 1	Name of Registered Landfill TRI STATE TRANSFER SERVICES					
City, State HACKENSACK N.J. 07601			Disposal Date 04/04/2012	City, State BRONX N.Y. 10474					
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 	Date 03/23/2012					

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 3/22/2012		Name of Building Owner/Operator (2) Teaneck School District	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address One Merrison Street		City, State, Zip Code Teaneck, New Jersey 07666	
Name of Contact Mr. Anthony D'Angelo		Tel. Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hawthorne Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 201 Fycke Lane		City, State, Zip Code Teaneck, New Jersey 07666	
City (5) Teaneck	County (6) Bergen	County Code (7) (State Use Only) 95	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Design Inc.		Name of Contractor (9) MTM Metro Corporation	
Street Address 5434 King Avenue, Suite 101		Street Address 135-137 McBride Ave	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm Jay Murray	Telephone Number 856-616-9516	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 4/6/2012	Scheduled Completion Date (11) 4/15/2012	Name of OSHA Monitor MTM Metro Corporation	
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: Occupied		Street Address 135-137 McBride Ave	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room	<input checked="" type="checkbox"/>	Boiler/Breeching Insulation	626 SF
Boiler Room	<input checked="" type="checkbox"/>	Pipe Insulation	150 LF
Abatement Type			
Rem.	Rep.	Encap	Enclose
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 30
City, State Paterson, NJ		Name of Reg. Landfill Tullytown	
		Disp. Date 4/16/2012	City, State Tullytown, PA
Completed by (Print or Type) Elizabeth Maslarkov	Title Business Administrator	Signature <i>Elizabeth Maslarkov</i>	Date 3/22/2012

ASB-41

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

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

U.S. MAIL
check #2486

Date of Notification (1) <u>3/26/12</u>		Name of Building Owner/Operator (2) <u>MR RAUL CARNEIRO</u>							
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 <u>15 FRANKLIN PL</u>							
		City, State, Zip Code <u>NORTH ARLINGTON, N.J. 07031</u>							
		Name of Contact <u>MR CARNEIRO</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) _____		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>411 SECOND AVE</u>		Square Feet <u>2500</u>	# of Floors <u>2</u>						
City (5) <u>LYNCHURST N.J.</u>		Bldg. Age <u>70</u>							
County (6) _____	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>RESIDENT</u>							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>NOVATECH INC</u>						
Street Address _____		Street Address <u>P.O. Box 814</u>							
City, State, Zip Code _____		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>732 232x7500</u>	License No. <u>00806</u>						
Start Date (10) <u>4/4/12</u>	Scheduled Completion Date (11) <u>5/4/12</u>	Name of OSHA Monitor <u>NOVATECH INC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>P.O. Box 814</u>							
		City, State, Zip Code <u>OLD BRIDGE N.J. 08857</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>EXTERIOR</u>				<u>MINERAL FIBER</u>	<u>1000 SF</u>	<input checked="" type="checkbox"/>			
<u>2nd FLOOR PICKEN HALL</u>			<input checked="" type="checkbox"/>	<u>LINOLEUM</u>	<u>120 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>NOVATECH INC</u>		NUDEP Waste Hauler ID No. <u>18501</u>	Cubic Yards of Waste <u>30</u>	Name of Registered Landfill <u>G.R.O.W.S.</u>					
City, State <u>OLD BRIDGE N.J. 08857</u>		Disposal Date <u>5/6/12</u>		City, State <u>POCONO P.A.</u>					
Completed By <u>CARLOS AMEIDA</u>		Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>3/26/12</u>					

ASB-41

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

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

Date of Notification (1) 3/23/12		Name of Building Owner/Operator (2) Bruce Garner	
Agencies Notified	Type Notification	Street Address 21 O'Brien Ct.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bayonne, NJ 07002	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Bruce Garner	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> IDCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 21 O'Brien Ct.			Square Feet 2200	# of Floors 3	Bldg. Age 80
City (5) Bayonne	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 4/2/12 Month Day Year		Sched. Completion Date (11) 4/3/12 Month Day Year		Name of OSHA Monitor N/A	
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»			Street Address		
			City, State, Zip Code		

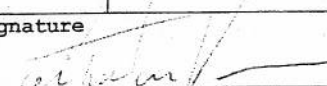
Scope of Work (Check all that apply)

☒ ≥ 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	240 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.0	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 4/4/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 3/23/12

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

APPROVED
NJ Dept. of Health & Senior Services
 (signature)
 Date: 3/23/12 Time: 9:28
Emergency Notification

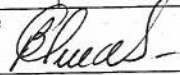
Check # 1340

Date of Notification (1) 03/23/2012		Name of Building Owner/Operator (2) Araxy Halvajian	
Agency Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	224 Santiago Avenue City, State, Zip Code Rutherford, NJ 07070	
		Name of Contact	Telephone Number
		Araxy Halvajian	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private home		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 224 Santiago Avenue		Square Feet	# of Floors
City (5) Rutherford, NJ 07070		Bldg. Age	
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
		973-638-1777	01127
Start Date (10) 03/24/2012	Scheduled Completion Date (11) 03/25/2012	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 ft <input type="checkbox"/> ≥100 sf or ≥260 ft			
		<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-Prlicable Procedure
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Basement		Pipe insulation	150 LF
Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date	City, State Tullytown, PA
Completed by N. Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 03/23/2012


Do not use this form for asbestos licensure exempted activities.

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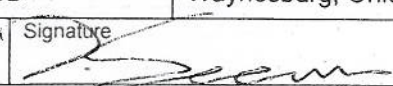
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/23/2012		Check#2178		Name of Building Owner/Operator (2) St Mary's Church					
Agencies Notified		Type Notification		Street Address					
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		516 West 6th Street					
				City, State, Zip Code Plainfield, NJ 07060					
				Name of Contact Rev. Luis Gonzalez					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Mary's school Building				Type of Facility (4)					
Street Address 501-513 West 6th Street				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Plainfield, NJ 07060				Square Feet 60,000	# of Floors 3				
County (6) Union				Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental				ASCM No. 00118	Name of Abatement Contractor (9) EA Services Corporation				
Street Address 464 Valley Brook Avenue				Street Address 426-69th Street					
City, State, Zip Code Lyndhurst, NJ 07071				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm Jim Ruff				Telephone No. 201-438-4839	License No. 01074				
Start Date (10) 4/9/2012		Scheduled Completion Date (11) 4/12/2011		Name of OSHA Monitor EA Services Corporation					
Occupancy Status During Abatement (Check Only One)				Street Address 426-69th Street					
<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: Starting 7:00 AM				City, State, Zip Code Guttenberg, NJ 07093					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Water shut off valve room		x		Floor Tile and Mastic	80 SF	x			
Water shut off valve room		x		Pipe insulation	2 LF	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD	Name of Registered Landfill IESI Bethlehem Landfill Corp				
City, State Wayne, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed by Gina Salvador		Title Office Manager		Signature 		Date 3/23/2012			

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

Date of Notification (1) 03/24/2012		Name of Building Owner/Operator (2) Mr. Matthew Schoenberg							
Agencies Notified	Type Notification	Street Address 700 Orchard Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, New Jersey 07649							
		Name of Contact Mr. Matthew Schoenberg	Telephone [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 700 Orchard Street		Square Feet 1,800	# of Floors 2						
City (5) Oradell		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 04/02/2012	Scheduled Completion Date (11) 04/04/2012	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Immediate area isolated from the rest of the house</u>		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
First Floor Closet	x			Pipe Insulation	16 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 03/24/2012		

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

Date of Notification (1) 03/24/2012		Name of Building Owner/Operator (2) Mr. Matthew Schoenberg							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 Orchard Street							
		City, State, Zip Code Oradell, New Jersey 07649							
		Name of Contact Mr. Matthew Schoenberg	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 700 Orchard Street		Square Feet 1,800	# of Floors 2						
City (5) Oradell		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address _____		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code _____		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. (973) 928-5040						
			License No. 00874						
Start Date (10) 04/02/2012	Scheduled Completion Date (11) 04/04/2012	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Immediate area isolated from the rest of the house		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
First Floor Closet	x			Pipe Insulation	16 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 			Date 03/24/2012			

State of New Jersey

Notification of Asbestos Abatement

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

Date of Notification (1) March 23, 2012		Name of Building Owner/Operator (2) New Meadowlands Racetrack, LLC	
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [] Initial Notification [] Emergency Notification w/Justification [XX] Amended Notification #2 [] Cancellation	Street Address 150 Route 120 City, State, Zip Code East Rutherford NJ 07073	
		Name of Contact Wallace Wright, LP Ciminelli	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Meadowlands Racetrack Barns 7-14 and Dorms 3-6			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial, buildings, homes, etc.)		
Street Address 150 Route 120			Square Feet 300,000	# of Floors 2	Bldg. Age 35
City (5) East Rutherford	County (6) Bergen	County Code (7) (State Use Only)	Current Use (Prior if being demolished) Meadowlands Racetrack		
Name of Monitoring Firm Hired by Building Owner (8) Greentree Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) LVI Demolition Services, Inc.		
Street Address 163 Stockton Street			Street Address 32 Williams Parkway		
City, State, Zip Code Hightstown NJ 08520			City, State, Zip Code East Hanover, NJ 07936		
Project Manager for Monitoring Firm Debbie Hines		Telephone Number 609-409-0400	Telephone Number 973-884-8682	License Number 00860	
Scheduled Start Date (10) 3/12/12 Month / Day / Year		Sched. Completion Date (11) 3/30/12 Month / Day / Year		Name of OSHA Monitor Zibby Dolanski	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacant During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility [] Occupied [] Hours - Describe: [] Other - Describe:			Street Address 32 Williams Parkway City, State, Zip Code East Hanover NJ 07936		

Scope of Work (Check all that apply)

- ☒ Demolition
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedure & "Wrap & Cut"
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Dorm Roof	X	Roof Flashing	3120 SF	X			
Dorm & Stable Roof	X	Roof Vent Mastie	62.5 SF	X			
Throughout Structures	X	Fire Doors	70 Ea *	X			
Throughout Structures	X	Stable Doors	70 Ea	X			
Throughout Structures	X	Insulation	96 SF *	X			
Name of Registered Waste Hauler LVI Demolition Services, Inc.		NJDEP Waste 20859	Cubic Yards Of Waste	Name of Registered Landfill Waste Management of Pennsylvania			
City, State East Hanover, NJ 07936		Disposal Date 4/6/2012		City, State Morrisville, Pa			
Completed By (Print or Type) Ed King		Title President		Date March 23, 2012			

 1083
 67538

1341

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

Check # 1341

Date of Notification (1)

03/23/2012

Name of Building Owner/Operator (2)

Theresa Waters

Agency Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address

10 Garden Street

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Theresa Waters

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

10 Garden Street

City (5)

Montclair, NJ 07042

County (6)

Essex

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner(8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

04/01/2012

04/02/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

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-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			x	Pipe insulation	80 LF	x		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

Tullytown, PA

Completed by

Title

Signature

Date

N.Jevtic

Owner

03/23/2012

ASB-41

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

63535

1342
3-28-12

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

Check # 1342

Date of Notification (1)

03/23/2012

Name of Building Owner/Operator (2)

Thomas Ela

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 642 Wyckoff Avenue City, State, Zip Code Wyckoff, NJ 07481 Name of Contact Thomas Ela <div style="text-align: right;">Telephone Number</div>
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MAR 28 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home Street Address 642 Wyckoff Avenue City (5) Wyckoff, NJ 07481 County (6) Bergen	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age
---	--

County Code (7) (STATE USE ONLY) Bergen	Current Use (Prior if being demolished)
--	---

Name of Monitoring Firm Hired by Building Owner(8) Street Address City, State, Zip Code	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127
Project Manager for Monitoring Firm Telephone No.	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 04/01/2012	Scheduled Completion Date (11) 04/02/2012	Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:
Scope of Work (Check all that apply) <input 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		

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by 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	Enclosure
Basement			x	Pipe insulation	50 LF	x		

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed by N.Jevtic ASB-41	Title Owner	Signature 	Date 03/23/2012

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

1342

1343

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

Check # 1343

Date of Notification (1)

Name of Building Owner/Operator (2)

03/26/2012

Lauren Mehmedovic

Agency Notified	Type Notification	Street Address	Telephone Number
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	635 Knollwood Terrace City, State, Zip Code Westfield, NJ, 07090 Name of Contact Lauren Mehmedovic	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
Private home	<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address	Square Feet # of Floors Bldg. Age
635 Knollwood Terrace	
City (5)	
Westfield, NJ, 07090	
County (6)	

County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Union	

Name of Monitoring Firm hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Gr Tech LLC		Gr Tech LLC
Street Address		Street Address
576 Valley Rd #283		576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code
Wayne, NJ 07470		Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	License No.
	973-638-1777	01127

Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor
04/04/2012	04/05/2012	Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one)		Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		20-21 Wagaraw Road, Bldg. # 34A
		City, State, Zip Code
		Fair Lawn, NJ 07410

Scope of Work (Check all that apply)	<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
<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

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
Basement			x	Pipe insulation	220 LF	x		

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Gr Tech LLC	0033785		T.R.R.F. Inc
City, State		Disposal Date	City, State
Wayne, NJ 07470			Tullytown, PA

Completed by	Title	Signature	Date
N. Jevtic	Owner	<i>N. Jevtic</i>	03/26/2012

Do not use this form for asbestos licensure exempted activities.

#1297
1297

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

proj. #: _____

Date of Notification (1) <u>01/21/2012</u>		Name of Building Owner/Operator (2) <u>PRIVATE HOUSE</u>	
Agencies Notified	Type Notification	Street Address <u>661 Belvidere Rd</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Philipsburg, NJ 08865</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Jerry Soltes</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>HOUSE</u>			Type of Facility (4)		
Street Address <u>661 Belvidere Rd</u>			<input type="checkbox"/> School (K - 12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <u>Philipsburg</u>			Square Feet		
			# of Floors		
County (6) <u>NJ</u>			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9)		
Street Address			<u>NICK Restoration LLC</u>		
City, State, Zip Code			<u>72 Brookside Rd</u>		
Project Manager for Monitoring Firm			City, State, Zip Code <u>Randolph, NJ 07869</u>		
Phone Number			Telephone Number <u>973-933-2550</u>		
Scheduled Start Date (10) <u>3-10-12</u>			License Number <u>01133</u>		
Sched. Completion Date (11) <u>3-12-12</u>			Name of OSHA Monitor <u>JRS Environmental</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- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address <u>2333 Rt 22 W</u>		
			City, State, Zip Code <u>Union, NJ 07083</u>		

Scope of Work (check all that apply)

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

Location of asbestos-containing material 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						
<u>Boiler Room Area</u>		<input checked="" type="checkbox"/>		<u>TST</u>	<u>35</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Registered Waste Hauler <u>Nick Restoration</u>	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill <u>G.R.O.W.S</u>
City, State <u>RANDOLPH, NJ. 07869</u>	Disposal Date <u>TBD</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>ELIIRA MRDA</u>	Title <u>PRESIDENT</u>	Signature <u>Elvira Mrida</u>	Date <u>2-29-12</u>

63529

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

0126

0126


Date of Notification (1) March 26, 2012		Name of Building Owner/Operator (2) Prism Construction Management, LLC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	200 Broadacres Drive							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact	Telephone Number						
		Stephen Torell, Senior Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buildings		Type of Facility (4)							
Street Address 5 Lawrence Avenue		<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) Bloomfield, NJ 07003		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Buildings							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	License No. 00781						
Start Date (10) 4/9/12	Scheduled Completion Date (11) 11/31/12	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attached	<input checked="" type="checkbox"/>			see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark / Freehold / American Waste / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland County / IESI Bethlehem					
City, State Newark / Freehold / Newton / Riverdale, NJ		Disposal Date 11/31/12		City, State Newburg / Bethlehem, PA					
Completed by Mike Cooper		Title President		Signature 			Date 3/26/12		

62530

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

check # 9507

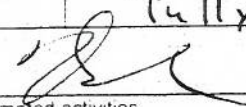
GAC Project # 322-12

<u>Date of Notification (1)</u> March 26, 2012		<u>Name of Building Owner/Operator (2)</u> KNOWLTON BOARD OF EDUCATION	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> 80 ROUTE 46, P.O. 152		<u>City, State, Zip Code</u> DELAWARE (KNOWLTON), NJ 07833	
<u>Name of Contact</u> MS. MELODY MCBRIDE BUSINESS ADMIN		<u>Telephone Number</u> [REDACTED]	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> KNOWLTON ELEMENTARY SCHOOL		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> ~45,000 <u># of Floors:</u> 1-2 <u>Bldg. Age:</u> 50+ years	
<u>Street Address</u> 80 ROUTE 46		<u>Current Use (prior if being demolished):</u> ELEMENTARY SCHOOL	
<u>City (5)</u> DELAWARE (KNOWLTON)	<u>County (6)</u> WARREN	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		<u>ASCM No.</u> 0090	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 401 ST. JAMES AVENUE		<u>Street Address</u> 268 MAIN STREET	
<u>City, State, Zip Code</u> PHILLIPSBURG, NJ 08865		<u>City, State, Zip Code</u> BUTLER, NJ 07405	
<u>Project Manager for Monitoring Firm</u> JON GILBERT	<u>Telephone Number</u> 908-454-6316	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> 04/09/12	<u>Scheduled Completion Date (11)</u> 04/14/12	<u>Name of OSHA Monitor</u> ENVIROVISION, INC.	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours 7AM - 5PM (as needed)		<u>Street Address</u> 20-21 WARGARAW ROAD <u>City, State, Zip Code</u> FAIRLAWN, NJ	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Windows & Doors	<input checked="" type="checkbox"/>	CAULKING	1200 LF
Windows	<input checked="" type="checkbox"/>	TRANSITE SILLS	168 SF
<u>Name of Reg. Waste Hauler</u> Newark Carting, Inc. Newark, NJ 04509	<u>NJDEP Waste Hauler ID #</u> NJ DEP # 4509	<u>Cubic Yards of Waste:</u> 30 CY	<u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill
<u>Notes:</u> None		<u>Disposal Date</u> 04/14/12	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
<u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> 	<u>Date</u> March 26, 2012

63531

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

10927

Date of Notification (1) 3/22/12		Name of Building Owner/Operator (2) Academy of Holy Angels							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 315 Hillside Ave City, State, Zip Code Demarest, NJ Name of Contact Bob Shanney Telephone Number 973-345-2222							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Academy of Holy Angels		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 315 Hillside Ave		Square Feet	# of Floors						
City (5) Demarest, NJ 07410		Bldg. Age 1950's							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision	ASCM No. 00079	Name of Abatement Contractor (9) F. Grisek & Son Inc							
Street Address 20-21 Wargrav Rd		Street Address 513 E 32nd St							
City, State, Zip Code Fairlawn, NJ 07401		City, State, Zip Code Potomac, NJ							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-345-2222	License No. #00021						
Start Date (10) 4/5/12	Scheduled Completion Date (11) 4/15/12	Name of OSHA Monitor EMSL Sam							
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: occupied		Street Address 307 W 38th St City, State, Zip Code NY, NY							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Library - Lower		X		VAT	5050 SF	X			
Library - Lower Level		X		Pipe insul.	2 LF	X			
Name of Registered Waste Hauler Eastern Waste		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill TRRF Landfill					
City, State Freehold, NJ		Disposal Date		City, State Tullytown PA					
Completed by Frank Grisek		Title Res.	Signature 			Date			

10927

EMERGENCY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 12:120)

CH# 7869

Date of Notification (1) 3/23/12		Name of Building Owner/Operator (2) TERESITARAU LAND		APPROVED NJ Dept. of Health & Senior Services (signature) Date: 3/23/12 Time: 3:30	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> COL <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 1435 51 ST STREET City, State, Zip Code NORTH BERGEN 07047 Name of Contact MIKE POLANSKI Telephone Number	
Name of Facility Where Abatement is Taking Place (3) TERESITARAU LAND & GARAGE WAREHOUSE #2C				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 1435 51 ST ST		City (5) NORTH BERGEN		Square Feet 75,000	# of Floors 3
County (6) Hudson		County Code (7) (STATE USE ONLY)		Rdg. Age 65	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior if being demolished) OFFICE / WAREHOUSE / GARAGE	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.		Street Address 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452		Telephone No. 201-262-5841	
Project Manager for Monitoring Firm		Telephone No.		License No. 00155	
Start Date (10) 3/23/12		Scheduled Completion Date (11) 3/23/12		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) CEILING AREA 2-C		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE	
Amount (Specify SF or LF) 30 LF		Abatement Type Remove Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20765		Cubic Yards of Waste .5	
City, State Riverdale, New Jersey 07457		Disposal Date 3/23/12		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by R. McDonald		Title President	
Signature (Signature)		Date 3/23/12			

ASB-41 (R-06-08)

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

No check

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

Date of Notification (1) 3/16/12		Name of Building Owner/Operator (2) GREATER COLLINGSWOOD CHILDRENS CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1 WEST WAYNE TERRACE		City, State, Zip Code COLLINGSWOOD, NJ 08108	
Name of Contact APRIL WRAGER		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) GREATER COLLINGSWOOD CHILDRENS CENTER		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 1 WEST WAYNE TERRACE		Square Feet 3500	# of Floors 2
City (5) COLLINGSWOOD, NJ 08108		Bldg. Age 50	
County (6) CAMDEN		County Code (7) (STATE USE ONLY) DAY CARE / CHURCH	
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		ASCM No. 117	Name of Abatement Contractor (9) AEI2, LLC
Street Address 318 12th STREET		Street Address 300 S. LENOX RD	
City, State, Zip Code HAMMONTON, NJ 08057		City, State, Zip Code MAPLE SHADE, NJ 08052	
Project Manager for Monitoring Firm Jim Bricker		Telephone No. 609-704-8880	Telephone No. 609-481-2122
License No. C0689		Name of OSHA Monitor AEI2	
Start Date (10) 4/6/12		Scheduled Completion Date (11) 4/6/12	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 300 S. LENOX RD	
		City, State, Zip Code MAPLE SHADE, NJ 08052	
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-Fractal Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount: (Specify SF or LF)
BOILER RM		PIPE INSULATION	15 LF
Name of Registered Waste Hauler AEI2 OR TBD	NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 0.1	Name of Registered Landfill TBD
City, State MAPLE SHADE, NJ	Disposal Date TBD	City, State	
Completed by A. Minnick	Title Asbestos Monitor	Signature [Signature]	Date 3/26/12

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

Check #
8147

Date of Notification (1) 3-26-12		Name of Building Owner/Operator (2) F + J Realty LLC					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended 1 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1315 Route 34 South					
		City, State, Zip Code Farmingdale NJ 07727					
		Name of Contact Jan Peter Ilves	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Global Printing Equipment		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 1315 Route 34 South		Square Feet	# of Floors				
City (5) Farmingdale NJ 07727			Bldg. Age 50+				
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609-758-3365	Telephone No. 609-758-3365	License No. 00394				
Start Date (10) 4-9-12	Scheduled Completion Date (11) 4-13-12	Name of OSHA Monitor EPC Technologies, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Warehouse		X		Pipe Insulation	500 LF	X	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management			
City, State NE NJ		Disposal Date 4-13-12	City, State Monroeville PA				
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 3-26-12				

New Starting Date

3-22-12

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

Check #
8147

Date of Notification (1) 3-12-12		Name of Building Owner/Operator (2) F+J Realty LLC						
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 1315 Route 34 South City, State, Zip Code Farmingdale NJ 07727 Name of Contact Jan Peter Elves Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Global Printing Equipment		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 1315 Route 34 South		Square Feet	# of Floors 1					
City (5) Farmingdale NJ 07727		Bldg. Age 50+-						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies	ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies, Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker	Telephone No. 609 758-3365	Telephone No. 609-758-3365	License No. 00394					
Start Date (10) 3-22-12	Scheduled Completion Date (11) 3-31-12	Name of OSHA Monitor EPC Technologies, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Warehouse		X		Pipe Insulation	500 LF	X		
Name of Registered Waste Hauler EPC Technologies	NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 12	Name of Registered Landfill Waste Management					
City, State NE NJ		Disposal Date 4-2-12	City, State Monroeville PA					
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 3-12-12					

ASB-41

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

Lock Box 0401

Alarm 1492