

Mar 28 2012 11:48am P001/001

EMERGENCY

State of New Jersey MA
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

MAR 30 1968 7868

Date of Notification (1) 3/28/12		Name of Building Owner/Operator (2) 74 PASSAIC STREET, LLC		NJ Dept. of Health & Senior Services Paul C. Horner (signature)	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 74 PASSAIC STREET City, State, Zip Code RIDGEWOOD, NJ 07450 Name of Contact SHERYL Telephone Number _____	
Date: 3/28/12		Time: 11:44A			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 74 PASSAIC ST LLC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 74 PASSAIC ST			Square Feet 3000		
City (5) RIDGEWOOD			# of Floors 2		Bldg. Age 50
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) OFFICE	
Names of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452	
City, State, Zip Code		Telephone No. 201-262-6841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 3/28/12		Scheduled Completion Date (11) 3/29/12		Street Address 280 Huyler Street	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Hackensack, NJ 07606			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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)	
BASEMENT		X		PIPE	
				50 LF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverdale, New Jersey 07457		Disposal Date 3/28/12		City, State Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature R. McDonald	
				Date 3/28/12	

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

CHECK #:

7868

Date of Notification (1) 3/28/12		Name of Building Owner/Operator (2) Estate of Thomas Vasiloff #646							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 35 JEFF STREET							
		City, State, Zip Code CLISTON NJ 07624							
		Name of Contact Annette Vasiloff	Telephone Number MAR 30 2012						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vasiloff		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 833 Linwood Avenue		Square Feet 3600	# of Floors 3						
City (5) Ridgewood		Bldg. Age 85							
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)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841						
			License No. 00156						
Start Date (10) 4/9/12	Scheduled Completion Date (11) 4/12/12	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 Huyer Street							
		City, State, Zip Code Hackensack, NJ 07606							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
BASEMENT			X	PIPE	375 LF	X			
"			X	BOILER	200 SF	X			
"			X	FLUE	20 SF	X			
"			X	TILE	520 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 3	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 4/9/12		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald			Date 3/28/12		

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

CH # 7862

Date of Notification (1) 3/28/12		Name of Building Owner/Operator (2) MR. MROZ				
Agencies Notified	Type Notification	Street Address	MAR 30 2012			
<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	57 7th STREET City, State, Zip Code NORTH ARLINGTON, NJ 07031				
		Name of Contact RON KUHN				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MROZ		Type of Facility (4)				
Street Address 57 7th ST		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) NORTH ARLINGTON		Square Feet 1650	# of Floors 2			
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Bldg. Age 58			
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) RES.				
ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.				
Street Address		Street Address 105 Lowell Road				
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452				
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156			
Start Date (10) 4/11/12	Scheduled Completion Date (11) 4/13/12	Name of OSHA Monitor Omega Environmental Services Inc.				
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street				
<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 Hackensack, NJ 07606				
Scope of Work (Check All That Apply)						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	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) 265 SF	Abatement Type
	Yes	No	N/A			
			X	FLOOR TILE + MASONRY		X
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		
City, State Riverdale, New Jersey 07457		Disposal Date 4/11/12		City, State Bethlehem, PA 18015		
Completed by R. McDonald		Title President	Signature <i>[Signature]</i>	Date 3/28/12		

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

CH # 7868

Date of Notification (1) 3/28/12		Name of Building Owner/Operator (2) MRS ENGLERT								
Agencies Notified	Type Notification	Street Address 449 FIRST STREET								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ORADELL NJ 07649								
		Name of Contact MRS ENGLERT								
<div style="text-align: right;">MAR 30 2012</div> <div style="text-align: right;">TELEPHONE NUMBER</div>										
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ENGLERT		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 449 1ST ST.		Square Feet 1700	# of Floors 2							
City (5) ORADELL		Rldg. Age 58								
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.								
Street Address		Street Address 105 Lowell Road								
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452								
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156							
Start Date (10) 4/16/12	Scheduled Completion Date (11) 4/18/12	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								
		City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	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) FLOOR TILE	Amount (Specify SF or LF) 245 SF	Abatement Type				
	Yes	No	N/A			Remove	Repair	Encapsulate	Enclosure	
			X			X				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State Riverdale, New Jersey 07457		Disposal Date 4/16/12		City, State Bethlehem, PA 18015						
Completed by R. McDonald		Title President		Signature <i>R. McDonald</i>				Date 3/28/12		

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

check # 2625

Date of Notification (1) 03 / 29 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936	
Name of Contact STEPHEN HOTRA		Telephone Number 2012	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NOVARTIS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 1 HEALTH PLAZA			Building Age 40+		
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) OFFICE/RESEARCH
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 1600 ROUTE 22 EAST			Street Address 462 Getty Avenue		
City, State, Zip Code UNION, NJ 07083			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm MIKE NEHLSSEN			Telephone Number 908-688-7800		
Sched. Start Date (10) 04 / 16 / 12		Sched. Completion Date (11) 04 / 30 / 12		Telephone Number 973-772-3660	
				License Number 00117	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI - 7:00AM - 3:30PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

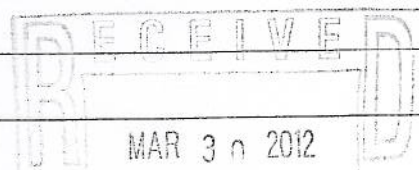
Scope of Work (Check All That Apply)

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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				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
EXTERIOR RIDGEDALE AVE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE PIPE	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

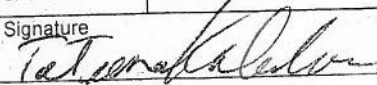
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI
City, State NEWARK, NJ	Disposal Date	City, State BETHLAHEM, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature <i>Steven Stiles</i>	Date 03/29/12

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



Date of Notification (1) 03/27/12 Ck# 1952 \$200		Name of Building Owner/Operator (2) West Orange Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 179 Eagle Rock Road City, State, Zip Code West Orange, New Jersey 07052 Name of Contact Robert Csigi Telephone Number _____						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Saint Cloud Elementary School Street Address 71 Sheridan Avenue City (5) West Orange, New Jersey 07052 County (6) Essex		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.) Square Feet 20,000 # of Floors 2 Bldg. Age 55+						
	County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) School								
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. Name of Abatement Contractor (9) Lilich Corporation							
Street Address PO Box 385 City, State, Zip Code Oceanville, New Jersey 08231		Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer Telephone No. 609-652-1833		Telephone No. 973-225-8400 License No. 01104							
Start Date (10) 04/09/12	Scheduled Completion Date (11) 04/13/12	Name of OSHA Monitor J&S Environmental Labs LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083							
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 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) <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
Crawlspace	X			Pipe Insulation	70 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 04/16/12	City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature 			Date 03/27/12		

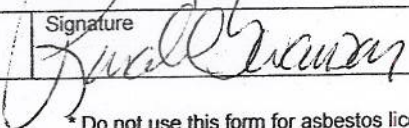
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/27/12 Ck# 1953 \$200		Name of Building Owner/Operator (2) West Orange Board of Education						
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 179 Eagle Rock Road					
			City, State, Zip Code West Orange, New Jersey 07052					
		Name of Contact Robert Csigi	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Washington 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 289 Main Street		Square Feet 20,000	# of Floors 2					
City (5) West Orange, New Jersey 07052		Bldg. Age 50+						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation					
Street Address PO Box 385		Street Address 606 McBride Avenue						
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01104					
Start Date (10) 04/13/12	Scheduled Completion Date (11) 04/15/12	Name of OSHA Monitor J&S Environmental Labs						
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 2333 Route 22 West						
		City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
2 locations Auditorium		X	O&M Ceiling Plaster	18 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill				
City, State Woodland Park, New Jersey 07424			Disposal Date 04/16/12	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President	Signature 	Date 03/27/12				

Check # 3789

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) RACHEL MORGAN							
Agencies Notified	Type Notification	Street Address 38 ELMIRE LANE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code WILLINGBORO, NJ 08046							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact RACHEL MORGAN	Telephone Number _____						
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 38 ELMIRE LANE		Square Feet 1959	# of Floors 2						
City (5) WILLINGBORO		Bldg. Age 44							
County (6) BURLINGTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN							
City, State, Zip Code PAULSBORO NJ 08066		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676						
License No. 01145		Name of OSHA Monitor EMSL							
Start Date (10) 04/11/2012	Scheduled Completion Date (11) 04/17/2012	Street Address 200 RT. 130 NORTH							
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: RESIDENTIAL HOUSE		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
OUTSIDE/GARAGE			X	SIDING - NON FRIABLE	400 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL					
City, State HAZLETON, PA		Disposal Date 04/16/2012		City, State IMPERIAL, PA					
Completed by RON SWANSON		Title PROJECT MANAGER		Signature 		Date 03/23/2012			

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

Date of Notification (1) <div style="text-align: right;">3/27/2012</div>		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc. 0420149	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 940 Park Avenue	
		City, State, Zip Code Lakewood, New Jersey 08701 3 0 2012	
		Name of Contact Irving Perlstein	Telephone Number 7

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1477 Canterbury Road					
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1400 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/28/12		Scheduled Completion Date (11) 3/29/12		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	950 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 3/30/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 3/27/2012

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MAR 30 1969

Signature James Mahoney

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

Check # 3797

Date of Notification (1) 03/27/2012		Name of Building Owner/Operator (2) ANTHONY MAZZEI							
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 3500 BOARDWALK, APT. 225 NORTH							
		City, State, Zip Code SEA ISLE CITY, NJ 08243							
		Name of Contact JOHN REDDING	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 3500 BOARDWALK, APT. 225 NORTH		Square Feet 1000	# of Floors 1						
City (5) SEA ISLE CITY		Bldg. Age 42							
County (6) CAPE MAY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL GREENE		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 904 KINGS ARMS DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNTOWN, PA 19335		City, State, Zip Code MULLICA HILL, NJ 08062							
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363	Telephone No. 610-304-4676						
License No. 01145									
Start Date (10) 04/05/2012	Scheduled Completion Date (11) 04/12/2012	Name of OSHA Monitor EMSL							
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: RESIDENTIAL CONDO-VACANT		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
BED ROOM 1			X	POPCORN CEILING	120 SF	X			
BED ROOM 2			X	POPCORN CEILING	120 SF	X			
LIVING ROOM			X	POPCORN CEILING	390 SF	X			
Name of Registered Waste Hauler NETS		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 1	Name of Registered Landfill ALLIED WASTE					
City, State HAZLETON, PA		Disposal Date 04/13/2012		City, State IMPERIAL, PA					
Completed by RONALD SWANSON		Title PROJECT MANAGER		Signature <i>Ronald Swanson</i>			Date 03/27/2012		

769

Date of Notification (1)
3-26-12

Agencies Notified
☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

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

Name of Building Owner/Operator (2)
Lambertville Public Schools

Street Address
200 NORTH MAIN STREET

City, State, Zip Code
Lambertville, NJ 08530

Name of Contact
Donna Talley

Telephone Number
[redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Lambertville Public School Class Room 1

Street Address
200 NORTH MAIN STREET

City (5)
Lambertville NJ 08530

County (6)
Hunterdon

Name of Monitoring Firm Hired by Building Owner (8)
K+A Environmental

Street Address
20 LAUCK ROAD

City, State, Zip Code
MONTON, PA 19540

Project Manager for Monitoring Firm
Mike Karl

Telephone No.
610-856-7700

Start Date (10)
3-7-12

Scheduled Completion Date (11)
3-12-12

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

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) 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
Class Room # 1		✓		Floor Tile + Mastic	450 SF	✓			

Name of Registered Waste Hauler
K+A Environmental

City, State
MONTON, PA

NJDEP Waste Hauler ID No.
00315

Cubic Yards of Waste
5

Disposal Date
5-31-12

Name of Registered Landfill
Imperial Landfill

City, State
Imperial, PA

Signature
Anthony J. Santarelli

Date
3-26-12

Completed by
Anthony J. Santarelli

Title
OPERATION

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6320-NJ

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

Initial Non-Friable Notification
 check #: 4664

Date of Notification (1) 03/23/12		Name of Building Owner/Operator (2) Dumont 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 type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 25 Depew Street		City, State, Zip Code Dumont, NJ 07628	
Name of Contact Kevin Dunn		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Dumont High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 101 New Milford Avenue			Square Feet 40,000		
City (5) Dumont, NJ 07628			# of Floors 2		
County (6) Bergen			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) TBD			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address			Street Address 180 Sargeant Avenue		
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm			Telephone Number 973-614-0377		
Telephone Number			License Number 00807		
Scheduled Start Date (10) 04/05/12			Sched. Completion Date (11) 04/13/12		
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 - Describe: <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor Four Strong Builders, Inc.		
			Street Address 180 Sargeant Avenue		
			City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L E	E N C I O S U R E	
1960's Wing of the School	X	Interior Window Caulk	450 LF	X				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc.	
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA		Date 3/23/12	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 			

Date of Notification (1) <u>0</u> / <u>3</u> / <u>2</u> <u>7</u> / <u>1</u> / <u>2</u>		Name of Building Owner/Operator (2) BOE of the Vocational School in the County of Sussex	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	105 North Church Road	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Sparta, NJ 07871	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Russ Masker	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sussex County Technical 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 122 North Church Road			Square Feet # of Floors Bldg. Age 40,000 2 50		
City (5) Sparta, NJ 07871	County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC		ASCM No. 00023	Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 1600 Route 22 East			Street Address 180 Sargeant Avenue		
City, State, Zip Code Union, NJ 07083			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Thomas Rubino		Telephone Number 908.688.7800	Telephone Number 973-614-0377		License Number 00807
Scheduled Start Date (10) <u>0</u> / <u>4</u> / <u>0</u> <u>5</u> / <u>1</u> / <u>2</u>		Sched. Completion Date (11) <u>0</u> / <u>4</u> / <u>1</u> <u>5</u> / <u>1</u> / <u>2</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:		Name of OSHA Monitor Four Strong Builders, Inc.			
		Street Address 180 Sargeant Avenue			
		City, State, Zip Code Clifton, NJ 07013			

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Second Floor Room 207		<input checked="" type="checkbox"/>		VAT and mastic	1,200 SF	<input checked="" type="checkbox"/>				
Second Floor Room 207		<input checked="" type="checkbox"/>		Table Tops	224 SF	<input checked="" type="checkbox"/>				
Second Floor Room 207		<input checked="" type="checkbox"/>		Door	1 each	<input checked="" type="checkbox"/>				
1st & 2nd Floor Landings & Custodian Room		<input checked="" type="checkbox"/>		VAT and mastic	584 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, NJ				Disposal Date	City, State Tullytown, PA					
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 			Date 3/27/12			

Date of Notification (1) 03/27/12		Name of Building Owner/Operator (2) BOE of the Vocational School in the County of Sussex	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 105 North Church Road City, State, Zip Code Sparta, NJ 07871		Telephone Number [REDACTED]	
Name of Contact Russ Masker			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sussex County Technical School Street Address 122 North Church Road City (5) Sparta, NJ 07871			County (6) Sussex			County Code (7) (STATE USE ONLY)			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.) Square Feet 40,000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) School		
Name of Monitoring Firm Hired by Building Owner (8) Hillman Consulting, LLC Street Address 1600 Route 22 East City, State, Zip Code Union, NJ 07083			ASCM No. 00023			Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935			Telephone Number 973-614-0377		
Project Manager for Monitoring Firm Thomas Rubino			Telephone Number 908.688.7800			License Number 00807			Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		
Scheduled Start Date (10) 04/05/12 Month / Day / Year			Sched. Completion Date (11) 04/15/12 Month / Day / Year			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:					

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Second Floor Corridor		<input checked="" type="checkbox"/>		Joint Compound	812 SF	<input checked="" type="checkbox"/>				
Second Floor Corridor		<input checked="" type="checkbox"/>		VAT and mastic	2,200 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste		Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 3/27/12	

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

Check # 1344

Date of Notification (1)

03/28/2012

Name of Building Owner/Operator (2)

Donna King

Agency Notified

Type Notification

☐ EPA
☐ DEP
☒ DOL

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

Street Address

35 Harvard Street

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Lynn Martini

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

35 Harvard Street

City (5)

Montclair, NJ 07042

County (6)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings,
homes, etc.)

Square Feet # of Floors Bldg. Age

County Code (7) (STATE USE
ONLY)

Current Use (Prior if being demolished)

Essex

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)

04/06/2012

04/07/2012

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

Street Address

20-21 Wagaraw Road, Bldg. # 34A

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

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) <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	Encapsulate Repair	Enclosure
Basement			x	Pipe insulation	35 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

Signature

Date

N.Jevtic

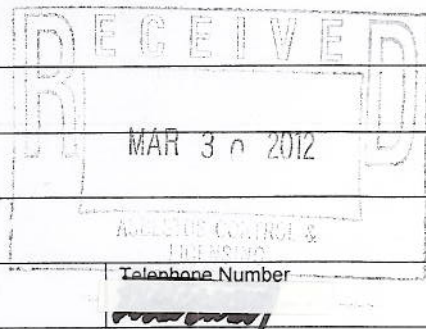
03/28/2012

ASB-41

Title
Owner

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



Date of Notification (1) 3/27/2012		Check#2180		Name of Building Owner/Operator (2) ALTO Realty LLC					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4211 West New York City, State, Zip Code Union City, NJ 07087 Name of Contact Norma Almanza Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage				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 4414 Park Avenue				Square Feet 1000					
City (5) Union City, NJ				# of Floors 1					
County (6) Hudson				Bldg. Age 60+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation				
Street Address			Street Address 426-69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-295-1700					
License No. 01074		Name of OSHA Monitor EA Services Corporation							
Start Date (10) 04/07/2012		Scheduled Completion Date (11) 04/10/2012		Street Address 426 69th Street					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof - garage area			x	Flashing material	100 SF	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 3/27/2012			

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

Date of Notification (1) <u>03/26/12</u>		Name of Building Owner/operator (2) <u>Our Lady of the Valley</u>							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">MAR 30 2012</div>							
Street Address <u>630 Valley Road</u>		City, State, Zip Code <u>Wayne, NJ 07470</u>							
Name of Contact <u>Chris Delilah</u>		Telephone Number <u></u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Benway School</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>630 Valley Road</u>		Square Feet <u></u>							
City (5) <u>Wayne, NJ 07470</u>		# of Floors <u></u>							
County (6) <u>Passaic</u>		Bldg. Age <u></u>							
County Code (7) (STATE USE ONLY) <u></u>		Current Use (Prior If being demolished) <u></u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Birdsall Services Group</u>		Name of Abatement Contractor (9) <u>Nick Restoration LLC</u>							
Street Address <u>65 Jackson Dr #200</u>		Street Address <u>72 Brookside Rd</u>							
City, State, Zip Code <u>Cranford, NJ 07806</u>		City, State, Zip Code <u>Randolph, NJ 07869</u>							
Project Manager for Monitoring Firm <u>Michael Krupa</u>		License No. <u>001133</u>							
Telephone No. <u>908-497-9103</u>		Telephone No. <u>973 933-2550</u>							
Start Date (10) <u>04/09/2012</u>		Name of OSHA Monitor <u>J&S Environmental</u>							
Scheduled Completion Date (11) <u>04/13/2012</u>		Street Address <u>2333 Rt 22 W</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Monday- Friday 7am - 4pm</u>		City, State, Zip Code <u>Union, NJ 07083</u>							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		Duct insulation	80 SF	X			
Name of Registered Waste Hauler <u>Nick Restoration LLC</u>		NJDEP Waste Hauler ID No. <u>0033782</u>		Cubic Yards of Waste <u>TBD</u>		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 <u>Elvira Mrda</u>		Title <u>President</u>		Signature <u>Elvira Mrda</u>		Date <u>03/26/2012</u>			

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

Date of Notification (1) 3-28-2012		Name of Building Owner/Operator (2) Newark Housing Authority							
Agencies Notified	Type Notification	Street Address 500 Broad Street							
<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	City, State, Zip Code Newark, NJ 07102							
		Name of Contact LaMark Tillery	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Unoccupied Apt. Units Under Renovations		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 991 Frelinghuysen Ave.		Square Feet	# of Floors 15						
City (5) Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Housing Units							
Name of Monitoring Firm Hired by Building Owner (8) J & S Environmental		ASCM No.	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address 2333 RT 22 West		Street Address 22 Troy Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 973-706-7950	License No. 01088						
Start Date (10) 4-9-2012	Scheduled Completion Date (11) 5-9-2012	Name of OSHA Monitor Jadar 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: 9 am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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" for location				See "attached for description"					
Name of Registered Waste Hauler Global Waste Services		NJDEP Waste Hauler ID No. 22171	Cubic Yards of Waste TBD	Name of Registered Landfill 110 Sand Co.					
City, State Hackettstown, NJ 07840		Disposal Date TBD		City, State Melville, NY 11701					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 3-28-2012			