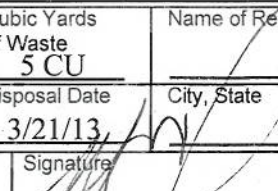


CK # 25091

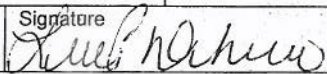
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

RECEIVED
2013 MAR -6 AM 2:08
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>3/4/13</u>		Name of Building Owner/Operator (2) <u>Peter Eovino</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>70 Broad Street</u>						
		City, State, Zip Code <u>Matawan, NJ 07747</u>						
		Name of Contact <u>Peter Eovino</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>70 Broad Street</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>					
City (5) <u>Matawan, NJ 07747</u>		Bldg. Age <u>60</u>						
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>3/18/13</u>	Scheduled Completion Date (11) <u>3/21/13</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>340 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>5 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/21/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/4/13</u>					

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

RECEIVED
2013 MAR -6 AM 2:08
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 03/5/2013		Name of Building Owner/Operator (2) Isaac Heller							
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 215 Mill Road City, State, Zip Code Edison, NJ, 08837 Name of Contact Mr. Steven Pozza						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Heller Construction Company Street Address 205 Mill Road City (5) Edison, NJ, 08837 County (6) Middlesex		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 15,000 # of Floors 1 Bldg. Age 25 yrs County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Offices						
Name of Monitoring Firm Hired by Building Owner (8) NA Street Address City, State, Zip Code		ASCM No. _____ Telephone No. _____	Name of Abatement Contractor (9) ecoservices, LLC Street Address 407 W Lincoln Highway City, State, Zip Code Exton, PA 19341 Telephone No. 484 872-8884 License No. 01161						
Start Date (10) 3/18/2013	Scheduled Completion Date (11) 3/20/2013	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 N City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roof Flashing	500 LF	x			
Name of Registered Waste Hauler ecoservices, LLC City, State Exton, PA 19341		NJDEP Waste Hauler ID No. SWE-13-012785	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Landfill City, State Waynesburg, Ohio, 44688		Disposal Date _____			
Completed by Linda DeNenno		Title Manager	Signature 	Date 3/5/13					

OK
1784

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

RECEIVED
2013 MAR -6 AM 2:00
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 2-28-13		Name of Building Owner/Operator (2) Brick Township High School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 346 CHAMBERS BRIDGE RD		City, State, Zip Code BRICK NJ 08723	
Name of Contact Bob Vogel		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BRICK TOWNSHIP HIGH SCHOOL		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 346 CHAMBERS BRIDGE RD		Square Feet 2000	# of Floors 1
City (5) Brick		Bldg. Age 60	
County (6) DECATUR		County Code (7) (STATE USE ONLY) SCHOOL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 3-1-13		Scheduled Completion Date (11) 3-2-13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Name of OSHA Monitor ACE INSULATION CO INC	
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		Street Address 95 MONTROSE RD	
City, State, Zip Code		City, State, Zip Code	
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)
COACH'S OFFICE OFF TEAM RM EAST		Yes No N/A	PIPE COVERING
			Amount (Specify SF or LF) 9-LF
Name of Registered Waste Hauler ACE INSULATION CO INC		NJ/DEP Waste Hauler ID No. 12086	Cubic Yards of Waste
City, State COLTS NECK NJ 07728		Disposal Date	Name of Registered Landfill IGSI
Completed By Jack GALL		Title OPS MGR	City, State BETHLEM PA
Signature Jack Gall		Date 2-28-13	

CHECK # 2659

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

2013 MAR -6 AM 2:00
 AIR QUALITY CONTROL
 LICENSING

Date of Notification (1) <u>2/28/13</u>		Name of Building Owner/Operator (2) <u>EARLY TECH CONTRACTING</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT. 50</u>					
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>					
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>4420 ASSURAY AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40+</u>					
County (6) <u>Cape May</u>		Current Use (Prior to being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>				
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>				
Start Date (10) <u>3/12/13</u>	Scheduled Completion Date (11) <u>3/19/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>					
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<u>SIDING</u>			<u>TRANSITE</u>	<u>2000 SF</u>	<u>1</u>		
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>			
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date _____	City, State <u>WOODBINE, N.J.</u>				
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>2/28/13</u>			

OK
1786

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

REC'D
2013 MAR -6 AM 2:00
ADJUTANT GENERAL
& LICENSING

Date of Notification (1) **3-1-13**

Agencies Notified
 EPA
 DEP
 DOH
 DCA

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

Name of Building Owner/Operator (2) **JACOBS Demolition**

Street Address **52 Taylor Ave**

City, State, Zip Code **MANASQUAN NJ 08730**

Name of Contact **MIRK**

Telephone Number **[REDACTED]**

NAME OF FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **JACOBS Demolition**

Street Address **3210 RTE 35**

City (5) **Ocean Beach I Toms River**

County (6) **Ocean**

County Code: (7) (STATE USE ONLY)

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

Square Feet **1800** # of Floors **1** Bldg. Age **75**

Current Use (Prior to being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9) **ACE INSULATION Co Inc**

Street Address **95 MONTROSE RA**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757** License No. **00029**

Start Date (10) **3-13-13** Scheduled Completion Date (11) **3-19-13**

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe: **7AM-7PM**

Scope of Work (Check all that apply)
 $30\text{ sf or }3\text{ lf}$
 $160\text{ sf or }250\text{ lf}$
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Globobag 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			20 or more	20 or less	10 or more	10 or less
				SIDING	1500 SF				<input checked="" type="checkbox"/>

Name of Registered Waste Hauler **ACE INSULATION Co**

WDEP Waste Hauler ID No. **12086**

Cubic Yards of Waste **4**

Name of Registered Landfill **GROWS**

City, State **COLTS NECK NJ 07722**

Disposal Date **3-19-13**

City, State **Tullytown PA**

Completed By **JACK GRALL** Title **OPS mgr**

Signature **Jack Grall** Date **3/11/13**

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

CK
1786

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

RECEIVED
2013 MAR -6 AM 2:08
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) **3-1-13**

Name of Building Owner/Operator (2) **JACOBS DEMOLITION**

Street Address **52 TAYLOR AVE**

City, State, Zip Code **MANASQUAN NJ 08730**

Name of Contact **MIRB**

Telephone Number _____

Agencies Notified: EPA, DEP, DOH, DCA

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

Name of Facility Where Abatement is Taking Place (3) **JACOBS DEMOLITION**

Street Address **3651 WEST CENTRAL AVE**

City (5) **NORMANDY BEACH TOMS RIVER**

County (6) **OCEAN**

County Code (7) (STATE USE ONLY) _____

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

Square Feet **1800**, # of Floors **1**, Bldg. Age **75**

Current Use (Prior if being demolished) **HOUSE**

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 294 1757**, License No. **00029**

Project Manager for Monitoring Firm _____, Telephone No. _____

Start Date (10) **3-14-13**, Scheduled Completion Date (11) **3-23-13**

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: **7AM - 7PM**

Scope of Work (Check all that apply): ≤ 160 sf or ≤ 3 ft, 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			Full Containment	Mini-Enclosure	Glovebag	Other
				Siding	1500 SF				<input checked="" type="checkbox"/>

Name of Registered Waste Hauler **ACE INSULATION CO**, NJDEP Waste Hauler ID No. **12086**

Cubic Yards of Waste **4**, Disposal Date **3-23-13**

Name of Registered Landfill **GROWS**, City, State **TULLY TOWN PA**

Completed By **JACK GRALL**, Title **OPS MGR**, Signature **Jack Grall**, Date **3-1-13**

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

OK
 17860

2013 MAR - 6 PM
 2:00

Date of Notification (1) 2-27-13

Name of Building Owner/Operator (2) FEDERAL BUSINESS CENTERS

Street Address 300 RARITAN PARKWAY

City, State, Zip Code EDISON N.J. 08837

Name of Contact PETER DEFRASIO

Telephone Number [REDACTED]

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) FEDERAL BUSINESS CENTER

Street Address BUILDING 807 CAMPUS PLAZA

City (5) EDISON

County (6) MIDDLESEX

County Code (7) (STATE USE ONLY)

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

Square Feet 61600, # of Floors 1, Bldg. Age 75

Current Use (Prior if being demolished) OFFICE

Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]

ASCM No. [REDACTED]

Name of Abatement Contractor (9) ACE INSULATION CO INC

Street Address 95 MONTROSE RD

City, State, Zip Code COLTS NECK NJ 07722

Telephone No. 732-294-1757, License No. 00029

Start Date (10) 3-13-13, Scheduled Completion Date (11) 3-23-13

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: 7AM - 7PM

Name of OSHA Monitor ACE INSULATION CO INC

Street Address 95 MONTROSE RD

City, State, Zip Code COLTS NECK NJ 07722

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			Remove	Repair	Enclosure	Enclosure	
				PIPE INSULATION	240 LF				<input checked="" type="checkbox"/>	
				TRANSITS	50 SF				<input checked="" type="checkbox"/>	

Name of Registered Waste Hauler ACE INSULATION CO INC, NJDEP Waste Hauler ID No. 12086

Cubic Yards of Waste 3, Name of Registered Landfill IGSI

City, State COLTS NECK NJ 07722, Disposal Date 3-23-13, City, State BETHLEM PA

Completed By Jack Gual, Title OPS mgr, Signature Jack Gual, Date 2-27-13

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

Date of Notification (1) March 1, 2013		Name of Building Owner/Operator (2) Custom Creations	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 6 2013 ASBESTOS CONTROL & </div>
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1130 Bay Avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Toms River, NJ 08753	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Joe Silvey	

FACILITY INFORMATION

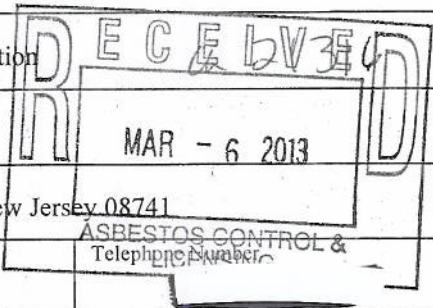
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 12 Surf Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City Ortley	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1200 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) 3/2/13		Scheduled Completion Date (11) 3/04/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<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 Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E 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	1200 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 3/5/13		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 3/1/2013		

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

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

Date of Notification (1) March 1, 2013		Name of Building Owner/Operator (2) Chap Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 130 Route 9	City, State, Zip Code Pine Beach, New Jersey 08741
		Name of Contact Chap Construction	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 103 Bryn Maur Avenue			Square feet 1200 sf		
City Lavallette		County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 3/2/13		Scheduled Completion Date (11) 3/2/13 3/04/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E 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	1100 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 3/5/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 3/1/2013

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

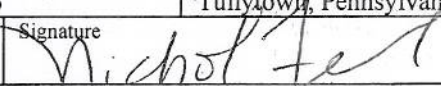
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/1/2013		Name of Building Owner/Operator (2) JAS Junior, LLC		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; font-size: 0.8em;">MAR 6 2013</div>
Agencies Notified	Type of Notification	Street Address		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P O Box 50 City, State, Zip Code Spring Lake, NJ 07762		
		Name of Contact Joe		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 522 Brielle Road			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City Manasquan	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 2000 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) 3/2/13		Scheduled Completion Date (11) 3/4/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<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 Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

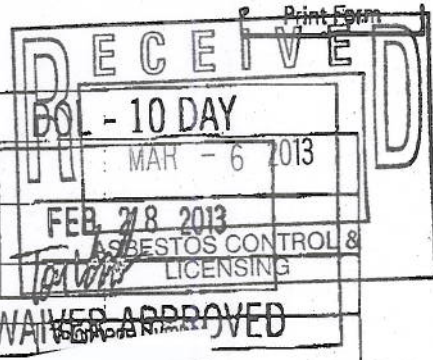
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1800 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 3/5/13	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 3/1/2013

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

17729

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 0:20 and 12:120)



Date of Notification (1) 2/28/2013		Name of Building Owner/Operator (2) WILLIAM PATERSON UNIVERSITY								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DDL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 POMPTON ROAD								
		City, State, Zip Code WAYNE, NJ 07470								
		Name of Contact KHALED MAKHLOUF								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) WILLIAM PATERSON UNIVERSITY - FACILITIES MAINTENANCE BLG		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 300 POMPTON ROAD		Square Feet	# of floors							
City (5) WAYNE		Bldg. Age								
County (6) PASSAIC		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING							
Street Address 1253 NORTH CHURCH STREET		Street Address 250 RUTHERFORD BLVD.								
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code CLIFTON, NJ 07014								
Project Manager for Monitoring Firm JAMES A. GUILARDI		Telephone No. 856-840-8800	Telephone No. 973-956-8700							
Start Date (10) 3/4/2013		Scheduled Completion Date (11) 4/4/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
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: VACANT		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 of 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 Procedure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovabag 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	
SEE ATTACHED										
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 60	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State CLIFTON, NJ		Disposal Date 4/4/2013		City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>				Date 2/28/2013			

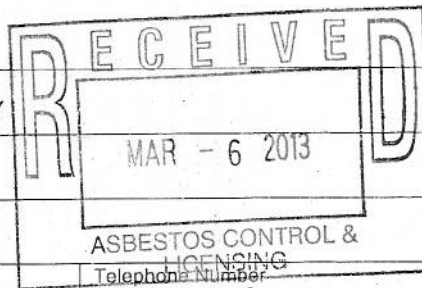
William Paterson University - Facilities Management Building

RECEIVED
MAR - 6 2013
ASBESTOS CONTROL & LICENSING

Location	ACM	Quantity
BOILER HOUSE	VAT & MASTIC	360 SF
	PIPE (WRAP & CUT ONLY)	40 LF
	ROOF FLASHING	450 LF
	WINDOW GLAZING	200 LF
EXTERIOR	UNDERGROUND STEAM PIPE	420 LF

DOL - 10 DAY
FEB 28 2013
T. Paul...
WAIVER APPROVED

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



Date of Notification (1) 2/28/2013		Name of Building Owner/Operator (2) WILLIAM PATERSON UNIVERSITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 POMPTON ROAD	
		City, State, Zip Code WAYNE, NJ 07470	
		Name of Contact KHALED MAKHLOUF	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) WILLIAM PATERSON UNIVERSITY - FACILITIES MAINTENANCE BLG		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 300 POMPTON ROAD		Square Feet	# of Floors
City (5) WAYNE		Bldg. Age	
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
Street Address 1253 NORTH CHURCH STREET		Street Address 250 RUTHERFORD BLVD.		
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code CLIFTON, NJ 07014		
Project Manager for Monitoring Firm JAMES A. GUILARDI		Telephone No. 856-840-8800	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 3/4/2013	Scheduled Completion Date (11) 4/4/2013	Name of OSHA Monitor SAME AS (9) ABOVE	
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>VACANT</u>		Street Address	
		City, State, Zip Code	

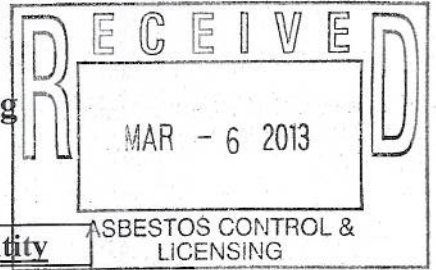
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
SEE ATTACHED									

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 60	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State CLIFTON, NJ		Disposal Date 4/4/2013	City, State MORRISVILLE, PA		
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>	Date 2/28/2013	

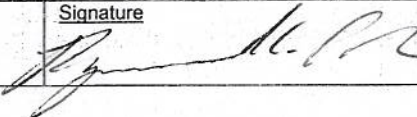
William Paterson University - Facilities Management Building

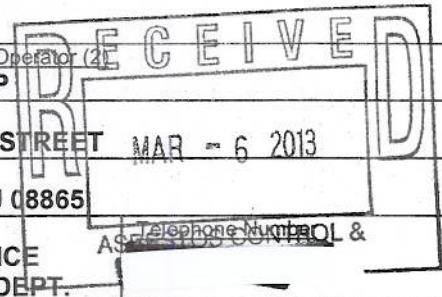


<u>Location</u>	<u>ACM</u>	<u>Quantity</u>
BOILER HOUSE	VAT & MASTIC	360 SF
	PIPE (WRAP & CUT ONLY)	40 LF
	ROOF FLASHING	450 LF
	WINDOW GLAZING	200 LF
EXTERIOR	UNDERGROUND STEAM PIPE	420 LF

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

GAC Project # 372-12

Date of Notification (1) February 27, 2013		Name of Building Owner/Operator (2) THE LINDE GROUP	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1224 SOUTH MAIN STREET		City, State, Zip Code PHILLIPSBURG, NJ 08865	
Name of Contact MR. PAUL LOGIUDICE		Telephone Number PROJ. MGR. ENG. DEPT.	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LINDE INDUSTRIAL GASES		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 80 INDUSTRIAL DRIVE		Sq. Feet: N/A # of Floors: 1-2 Bldg. Age: 50+ years	
City (5) ALPHA	County (6) WARREN	County Code (7) (State Use Only)	
Current Use (prior if being demolished): INDUSTRIAL GAS SUPPLY			
Name of Monitoring Firm Hired by Bldg. Owner (8) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCM No. 0090	
Street Address 401 ST. JAMES AVENUE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm PAT MCGUINESS		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/01/13		Scheduled Completion Date (11) 03/02/13	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: (NOT SUB 8) Area Vacated for duration of work <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours FRI 12 NOON – SAT 12 MID (as needed)		Name of OSHA Monitor ENVIROVISION, INC.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Street Address 20-21 WARGARAW ROAD		City, State, Zip Code FAIRLAWN, NJ	
Location of Asbestos-Containing Material (ACM) in Facility (13) Medical Gas Filling Area	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 220 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509	NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Notes: None		Disposal Date 03/02/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature 	Date February 27, 2013



check# 10154

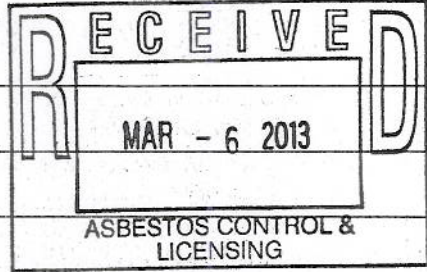
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 372-12

Date of Notification (1) February 27, 2013		Name of Building Owner/Operator (2) THE LINDE GROUP		APPROVED NJ Dept of Health & Senior Services <i>Paul C. Pedalino</i> (signature) Date: 2/27/13 Time: 1:59 PM	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 1224 SOUTH MAIN STREET	
City (5) ALPHA		County (6) WARREN		City, State, Zip Code PHILLIPSBURG, NJ 08865	
Name of Facility Where Abatement is Taking Place (3) LINDE INDUSTRIAL GASES		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.)		Telephone Number 732-201-2013	
Street Address 80 INDUSTRIAL DRIVE		So. Feet: N/A # of Floors: 1-2 Bldg. Age: 80+ years		ASBESTOS CONTROL & LICENSING	
City Code (7) ALPHA		County Code (7) WARREN		Current Use (prior if being demolished): INDUSTRIAL GAS SUPPLY	
Name of Monitoring Firm Hired by Bldg. Owner (6) RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		ASCH No. 0090		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 401 ST. JAMES AVENUE		Street Address 268 MAIN STREET		City, State, Zip Code BUTLER, NJ 07405	
City, State, Zip Code PHILLIPSBURG, NJ 08865		Telephone Number 908-454-6316		Telephone Number 973-492-0477	
Project Manager for Monitoring Firm PAT MCGUINESS		License Number 00840		Name of OSHA Monitor ENVIROVISION, INC.	
Scheduled Start Date (10) 03/01/13		Scheduled Completion Date (11) 03/02/13		Street Address 20-21 WARGARAW ROAD	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: (NOT SUB 8) Area Vacated for duration of work <input type="checkbox"/> Facility Occupied During Entire Period of Abatement Hours FRI 12 NOON - SAT 12 MID (as needed)		City, State, Zip Code FAIRLAWN, NJ		Name of OSHA Monitor ENVIROVISION, INC.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft <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) in Facility (13) Medical Gas Filling Area		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	
Amount (Specify SF or LF) 220 SF		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encase <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509		Cubic Yards of Waste: 10 CY	
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 03/02/13		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Notes: None		Signature <i>Raymond C. Pedalino</i>		Date February 27, 2013	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER			

Copies To: THE LINDE GROUP Attn: Mr. Paul Logiudice and RK O&E, Attn: Pat McGuiness

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



2375

Date of Notification (1) 2/25/2013		Check #2375	Name of Building Owner/Operator (2) SANDVIK INC	
Agencies Notified		Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	1702 Nevins Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment #	<input checked="" type="checkbox"/> Emergency (including justification)	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> DOH			Name of Contact	Telephone Number
<input type="checkbox"/> DCA			Albert Mipps	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sandvik, Inc		Type of Facility (4)	
Street Address 1702 Nevins Road		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) Fair Lawn, NJ 07410		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) BERGEN COUNTY	County Code (7) (STATE USE ONLY)	Square Feet 160,000	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision		ASCM No.	Bldg. Age 50+
Street Address 20-21 Wagaraw Road - Bldg 35-E		Name of Abatement Contractor (9) EA Services Corporation	
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 426 69th Street- #1	
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	License No. 01074
Start Date (10) 3/1/2013	Scheduled Completion Date (11) 3/4/2013	Name of OSHA Monitor same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: staring @ 5:00 PM			

Scope of Work (Check All That Apply)

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

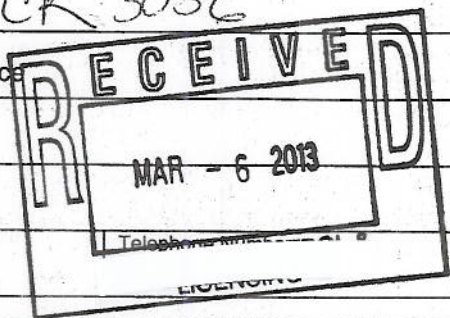
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen area		x		Pipe insulation	115	x			

Name of Registered Waste Hauler Freehold Carting	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management
City, State PO Box 5010	Disposal Date tbd	City, State Tullytown, PA	
Completed by Gina Salvador	Title Office Manager	Signature <i>Gina Salvador</i>	Date 02/25/2013

** Emergency **

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

CR 3056



Date of Notification (1) 2/28/13		Name of Building Owner/Operator (2) Doug Czumbles / Private Residence								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 David Dr City, State, Zip Code Manahawkin NJ 08050 Name of Contact Doug							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Doug Czumbles / Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 20 David Dr		Square Feet 1000+	# of Floors 1.5							
City (5) Manahawkin NJ 08050		Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329								
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091								
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727							
Start Date (10) 3/2/13	Scheduled Completion Date (11) 3/3/13	Name of OSHA Monitor Same								
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>week end</u>		Street Address City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior Siding			X	Exterior Siding	1600 Sf	X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ		Disposal Date 3/4/13		City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 				Date 2/28/13			

APPROVED
 NJ Dept. of Health & Senior Services
 (signature)
 Date: 2/28/13 Time: 4:02

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 6:60 and 12:120)

2500

RECEIVED

MAR - 6 2013

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/28/13 Ck# 2500 \$200		Name of Building Owner/Operator (2) Somerville 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 51 West Cliff Street	
		City, State, Zip Code Somerville, New Jersey 08876	
		Name of Contact Bryan Boyce	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Van Deerver 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 51 Union Avenue		Square Feet 20,000	# of Floors 2
City (5) Somerville, New Jersey 08876		Bldg. Age 55+	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue	
City, State, Zip Code cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Kevin Burns		Telephone No.	Telephone No. 973-225-8400
Start Date (10) 03/02/13		Scheduled Completion Date (11) 03/03/13	License No. 01104
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM Start</u>		Name of OSHA Monitor J&S Environmental Labs	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

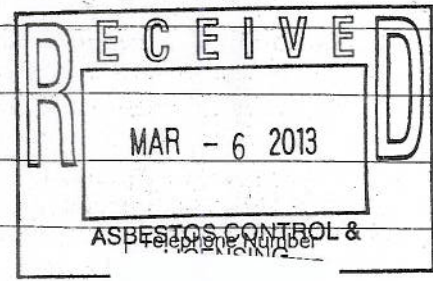
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

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
On the Ground of Construction Site		X		Transite Pipes Non Friable	160 LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 03/03/13		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenkova		Title Vice President	Signature <i>Tatiana Kalenkova</i>	Date 02/28/13	

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

20636765436



Date of Notification (1) 2/28/13		Name of Building Owner/Operator (2) The Okonite Company	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 959 Market Street	
		City, State, Zip Code Paterson, NJ 07513	
		Name of Contact Bill Okonite	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Okonite Company		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 959 Market Street		Square Feet N/A	# of Floors N/A
City (5) Paterson		Bldg. Age N/A	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Okonite Company	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 3/01/13	Scheduled Completion Date (11) 3/03/13	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

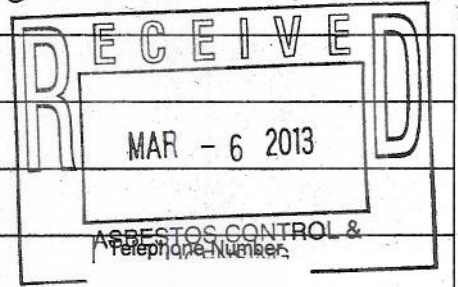
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> 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	Enclosure
mechanical room		X		tank #1	100 SF	X			
mechanical room		X		tank #2	100 SF	X			
mechanical room		X		tank #3	100 SF	X			
mechanical room		X		tank #4	100 SF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 2/28/13	

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

6762202072



Date of Notification (1) 3/01/13		Name of Building Owner/Operator (2) Dr. Barbara Byrd	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 154 Mayhew Drive	
		City, State, Zip Code South Orange, NJ 07079	
		Name of Contact Dr. Barbara Byrd	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 154 Mayhew Drive		Square Feet N/A	# of Floors N/A
City (5) South Orange		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 3/18/13	Scheduled Completion Date (11) 3/19/13	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

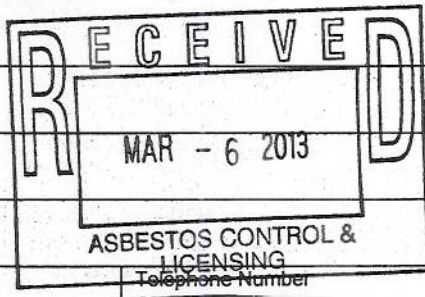
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		PIPE INSULATION	129 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 3/01/13	

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

20636765447



Date of Notification (1) 3/01/13		Name of Building Owner/Operator (2) Mr. & Mrs. Johnson	
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 25 Baltrusol Way	
		City, State, Zip Code Short Hills, NJ 07078	
		Name of Contact Mr. & Mrs. Johnson	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 25 Baltrusol Way		Square Feet N/A	# of Floors N/A
City (5) Short Hills		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
			License No. #00675
Start Date (10) 3/16/13	Scheduled Completion Date (11) 3/17/13	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

Scope of Work (Check All That Apply)

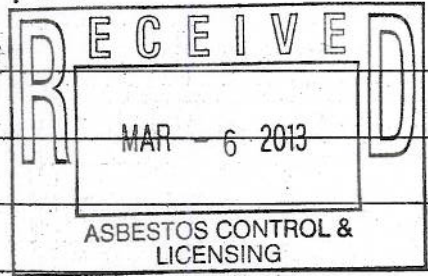
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	96 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 3/01/13	

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

9853702635



Date of Notification (1) 3/01/13		Name of Building Owner/Operator (2) William Jacobs	
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 8 Morningside Road	
		City, State, Zip Code Verona, NJ 07044	
		Name of Contact William Jacobs	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 8 Morningside Road		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
City (5) Verona	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue		
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512		
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 3/18/13	Scheduled Completion Date (11) 3/19/13		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue		
		City, State, Zip Code Totowa, NJ 07512		

Scope of Work (Check All That Apply)

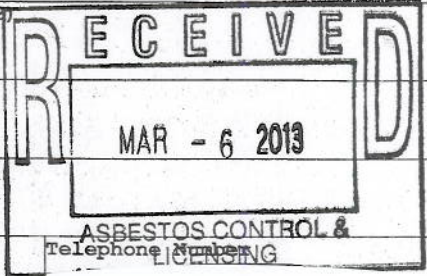
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		PIPE INSULATION	120 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 3/01/13	

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

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Douglas Martin	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification	Street Address 744 Center Ave	
	[] Amended Notification	City, State, Zip Code River Edge, NJ, 07661	
	[] EMERGENCY [] Cancellation	Name of Contact Douglas Martin	



Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 744 CENTER AVE.			Square Feet 1700	# of Floors 3	Bldg. Age 75
City (5) RIVER EDGE	County (6) Essex BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

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

Scheduled Start Date (10) 3-11-2013	Sched. Completion Date (11) 3-12-2013	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [] Other - Describe: «Other Occupancy Descript»		Street Address
		City, State, Zip Code

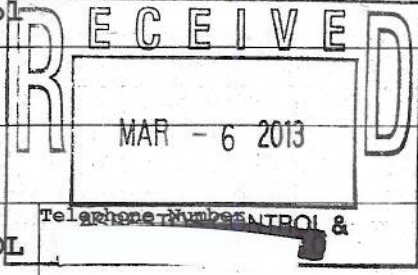
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Basement			X	PIPE INSULATION	75 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 3-13-2013	City, State Morrisville, PA 19067
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 3-1-2013

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

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Alicia McCausland-Carol	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	7 Ardsley Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code Glen Ridge NJ, 07028	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Alicia McCAUSLAND-CAROL	
<input type="checkbox"/> DCA			

FACILITY INFORMATION

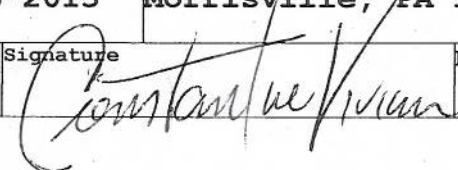
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
7 ARDSLEY ROAD			Square Feet	# of Floors	Bldg. Age
City (5) GLEN RIDGE			1400	2	75
County (6) Essex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)		
ESSEX					

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address		
City, State, Zip Code			86 Christopher St.		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
		N/A	(973) 744-8800		00371
Scheduled Start Date (10) 3-13-2013	Sched. Completion Date (11) 3-14-13		Name of OSHA Monitor N/A		
Month Day Year	Month Day Year				
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code		

Scope of Work (Check all that apply)

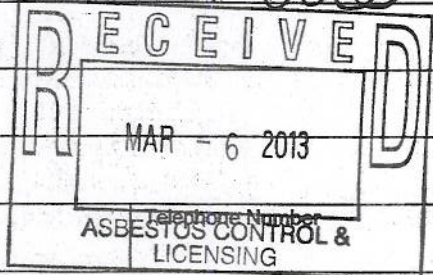
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Tented
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R 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		<input checked="" type="checkbox"/>		PIPE INSULATION	30 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 3-15-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 3-1-2013	

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

CK# 0035



Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Yannuzzi and Sons, Demolition								
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 152 Rt 206 S							
			City, State, Zip Code Hillsborough, NJ							
			Name of Contact John							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) House for Demo		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 1718 West 4th St		Square Feet	# of Floors Bldg. Age 50+							
City (5) Piscataway		Current Use (Prior if being demolished) House								
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950 License No. 01193							
Start Date (10) 3-16-2013	Scheduled Completion Date (11) 3-18-2013	Name of OSHA Monitor Loznica Management Corporation								
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 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Extereror			X	Transite Siding	1350 SF	X				
Basement			X	Asbestos Pipe Insulation	78 LF	X				
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill						
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville PA 19067						
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 3-1-2013				

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

Date of Notification (1) 3-1-2013		Name of Building Owner/Operator (2) Diana Fosana	
Agencies Notified	Type Notification	Street Address 26 Pehle Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Saddle Brook, NJ, 07663	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Diana Fosana	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR - 6 2013 ASBESTOS CONTROL & LICENSING </div>	
<input type="checkbox"/> DCA			

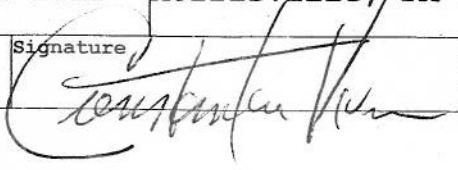
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address 26 Pehle Ave.			<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) Saddle Brook	County (6) Essex BERGEN	County Code (7) (STATE USE ONLY)	Square Feet 1800	# of Floors 3	Bldg. Age 65
Name of Monitoring Firm hired by Building Owner (8) N/A			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) 3-11-2013		Sched. Completion Date (11) 3-12-2013		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	PIPE INSULATION	60 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 3-13-2013	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 3-1-2013	

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

RECEIVED
MAR - 6 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2-28-2013		Name of Building Owner/Operator (2) Benedetto Equipment and Rentals	
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 461 Commercial Ave.	
		City, State, Zip Code Palisades Park, NJ 07650	
		Name of Contact John	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House for Demo		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 91 River View Ave.		Square Feet	# of Floors
City (5) New Milford		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950
License No. 01193		Name of OSHA Monitor Loznica Management Corporation	
Start Date (10) 3-11-2013	Scheduled Completion Date (11) 3-14-2013	Street Address 22 Troy Lane	
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 Lincoln Park, NJ 07035	

Scope of Work (Check All That Apply)

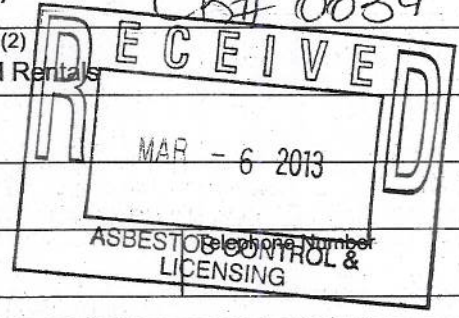
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Fl. Bedroom			X	Asbestos Containing Linoleum	100 SF	X			
Kitchen below luon floor			X	Asbestos Tiles	100 SF	X			
Basement			X	Asbestos Pipe Insulation	100 LF	X			

Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville PA 19067	
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>		Date 2-28-2013	

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

CK# 0034



Date of Notification (1) 2-28-2013		Name of Building Owner/Operator (2) Benedetto Equipment and Rentals	
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 461 Commercial Ave.
			City, State, Zip Code Palisades Park, NJ 07650
			Name of Contact John

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House for Demo		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 113 Old New Bridge Road		Square Feet	# of Floors
City (5) New Milford		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973-706-7950	License No. 01193
Start Date (10) 3-11-2013	Scheduled Completion Date (11) 3-14-2013	Name of OSHA Monitor Loznica Management Corporation	
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 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	

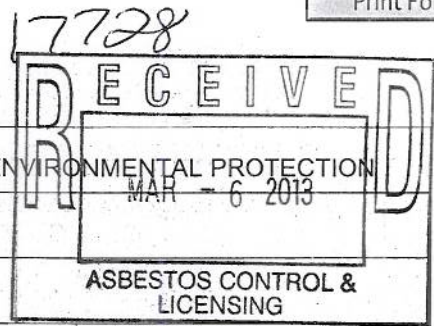
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Shingles & Alum. Siding	2500 SF	X			

Name of Registered Waste Hauler Loznica Management Corporation	NJDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Lincoln Park, NJ	Disposal Date TBD	City, State Morrisville PA 19067	
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>	Date 2-28-2013

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



Date of Notification (1) 2/28/2013		Name of Building Owner/Operator (2) STATE OF NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION	
Agencies Notified	Type Notification	Street Address P.O. BOX 420	ASBESTOS CONTROL & LICENSING
<input checked="" 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 TRENTON, NJ 08625	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact BOB KUNZE	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PIGEON SWAMP STATE PARK - MAIN RESIDENCE		Type of Facility (4)	
Street Address 251 DEANS RHODE HALL ROAD		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) SOUTH BRUNSWICK		<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING
Street Address 344 WEST STATE STREET		Street Address 250 RUTHERFORD BLVD.	
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm WILLIAM WEISGARBER	Telephone No. 609-656-8101	Telephone No. 973-956-8700	License No. 00494
Start Date (10) 3/11/2013	Scheduled Completion Date (11) 3/18/2013	Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: DEMO			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FL FOYER & KITCHEN		X		FLOOR TILE	190 SF	X			
ROOM # 101 & 103									

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 3	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State CLIFTON, NJ		Disposal Date 3/14/2013	City, State MORRISVILLE, PA
Completed by VIVECA RAMOS	Title SECRETARY	Signature <i>Viveca Ramos</i>	Date 2/28/2013

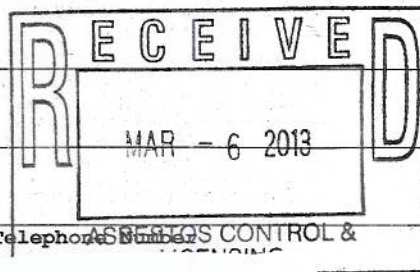
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

Date of Notification (1) February 27, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <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		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number ASBESTOS CONTROL # 2	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LIBRARY OF SCIENCE AND MEDICINE, BLDG# 3749		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 03/08/13	Scheduled Completion Date (11) 03/11/13	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM		Street Address 20-21 WARGARAW ROAD	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		City, State, Zip Code FAIRLAWN, NJ	
		<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) in Facility (13) 001 MER	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <9 LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 03/11/13	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612		215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date February 27, 2013

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

Date of Notification (1) 2-27-2013		Name of Building Owner/Operator (2) Alberto Comini	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type Notification [X] Initial Notification	Street Address 181 Christopher St	
	[] Amended Notification	City, State, Zip Code Montclair, NJ, 07042	
	[] EMERGENCY [] Cancellation	Name of Contact Alberto Comini	Telephone Number ASBESTOS CONTROL & RESTORATION



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 181 CHRISTOPHER STREET			Square Feet 2200	# of Floors 2	Bldg. Age 85
City (5) MONTCLAIR	County (6) Essex ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

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

Scheduled Start Date (10) Month 3 Day 8 Year 13	Sched. Completion Date (11) Month 3 Day 11 Year 13	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <OffHours Descript> [] Other - Describe: <Other Occupancy Descript>		Street Address
Scope of Work (Check all that apply)		City, State, Zip Code

[X] >3 sf or >3 lf
[] >160 sf or >260 lf

[X] Renovation
[] Demolition

[] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] 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	175 LF	X			

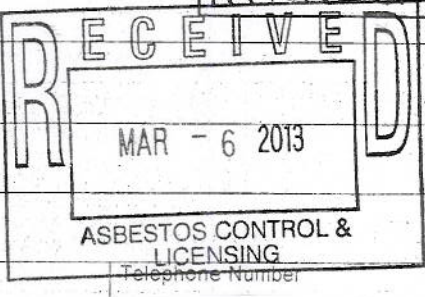
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 3-12-13	City, State Morrisville, PA 19067
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2-27-2013

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

no check

Check# 1579

AMENDED



Date of Notification (1) 02 / 27 / 13		Name of Building Owner/Operator (2) Charlene Medina	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1314 79th Street	
		City, State, Zip Code North Bergen, NJ 07047	
		Name of Contact Charlene Medina	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1314 79th Street		Square Feet	# of Floors
City (5) North Bergen, NJ 07047		Bldg. Age	
County (6) Hudson	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. 973-638-1777
Telephone No.	License No. 01127

Start Date (10) 03 / 16 / 13	Scheduled Completion Date (11) 03 / 17 / 13	Name of OSHA Monitor Envirovision Consultants, Inc
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM	Street Address 20-21 Wagaraw Road, Bldg. # 34A
	City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

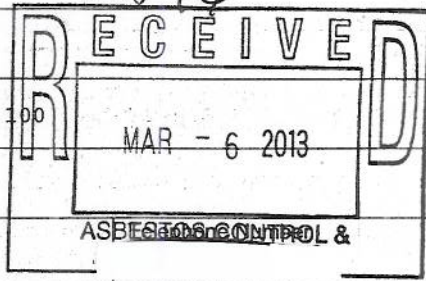
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination
<input type="checkbox"/> ≥ 160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/27/2013

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

60246



Date of Notification (1) 02/28/2013		Name of Building Owner/Operator (2) PROLOGIS L.P.	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact IRENE SCHMIDT
	Street Address ONE MEADOWLANDS PLAZA SUITE 100		City, State, Zip Code EAST RUTHERFORD, NJ 07073
			ASBESTOS CONTROL & ABATEMENT DIVISION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 228 NORTH AVENUE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) ELIZABETH		Square Feet 300,000	# of Floors 1
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.		ASCM No. 00104	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH	
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code LONG ISLAND CITY, NY 11101	
Project Manager for Monitoring Firm BILL KERBEL		Telephone No. 973-729-5649	License No. 00853
Start Date (10) 03/02/2013	Scheduled Completion Date (11) 3/18/2013	Name of OSHA Monitor MARTIN MCREA	
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>BUILDING IS VACANT</u>		Street Address 714 KENNEDY BLVD	
		City, State, Zip Code BAYONNE, NJ 07002	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR		X		PIPE INSULATION	1,000 LF	X			
GROUND FLOOR		X		VAT & MASTIC	200 SF	X			

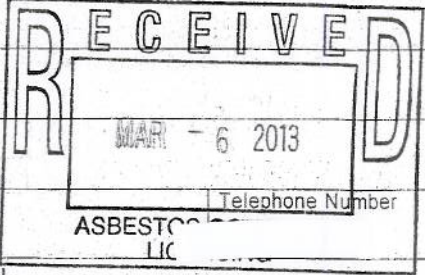
Name of Registered Waste Hauler ATC/TST	NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 3/18/2013	City, State WAYNESBURG, OH 44688
Completed by ANN ALI	Title ADMINISTRATIVE	Signature 	Date 02/28/2013

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

20613901588

MO#20613901588

Date of Notification (1) 02 / 28 / 13		Name of Building Owner/Operator (2) Park View Properties LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 347 Belleville Avenue	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Al Stabile	



Name of Facility Where Abatement is Taking Place (3) Apartment building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 347 Belleville Avenue		Square Feet	# of Floors
City (5) Bloomfield, NJ 07003		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc	ASCM No. 00079	Name of Abatement Contractor (9) Gr Tech LLC
Street Address 20-21 Wagaraw Road, Bldg. # 34A	City, State, Zip Code Fair Lawn, NJ 07410	Street Address 576 Valley Rd #283
Project Manager for Monitoring Firm Guillermo Morales	Telephone No. 973-636-9145	Telephone No. 973-638-1777
License No. 01127		

Start Date (10) 03 / 09 / 13	Scheduled Completion Date (11) 03 / 15 / 13	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A
		City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Clean up and decontamination
<input checked="" type="checkbox"/> > 160 sf or >260 lf	<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 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler room-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank insulation, pipe insulation	220 SF +30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply room and hallway-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage room and storage-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	130 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler room-meter room-basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 02/28/2013
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* Do not use this form for asbestos licensure exempted activities.

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

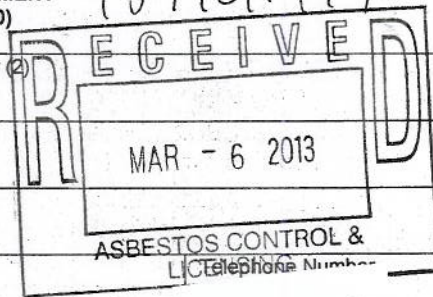
2815605

Date of Notification (1) 2/26/13		Name of Building Owner/Operator (2) Harvey Anweiler		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">MAR - 6 2013</div> <div style="font-size: 0.8em;">ASBESTOS ABATEMENT & CONTROL</div>									
Agencies Notified		Street Address											
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		36 Mount Pleasant Parkway											
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		City, State, Zip Code Livingston, NJ											
		Name of Contact Harvey Anweiler		Telephone Number									
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)									
Street Address 36 Mount Pleasant Parkway				<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) Livingston				Square Feet N/A		# of Floors N/A							
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Bldg. Age N/A									
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address				Street Address 11 Rosengren Avenue									
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512									
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 973-345-8685							
Start Date (10) 3/12/13		Scheduled Completion Date (11) 3/13/13		License No. #00675									
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor D&S Abatement, Inc.									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>				Street Address 11 Rosengren Avenue									
				City, State, Zip Code Totowa, NJ 07512									
Scope of Work (Check All That Apply)													
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
										<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Removal</td> <td style="width: 25%;">Repair</td> <td style="width: 25%;">Encapsulate</td> <td style="width: 25%;">Enclosure</td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>			
Removal	Repair	Encapsulate	Enclosure										
X													
basement & crawl space			X			pipe insulation		81 LF					
Name of Registered Waste Hauler D&S Abatement, Inc.				NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ				Disposal Date TBD		City, State Tullytown, PA							
Completed by Deanna Brkusanin			Title Project manager			Signature <i>Deanna Brkusanin</i>		Date 2/26/13					

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

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

9874011477



Date of Notification (1) 2/26/13		Name of Building Owner/Operator (2) Scott Smedresman	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 177 Glenwood Road	
		City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Scott Smedresman	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 177 Glenwood Road		Square Feet N/A	# of Floors N/A
City (5) Englewood		Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 3/13/13	Scheduled Completion Date (11) 3/14/13	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

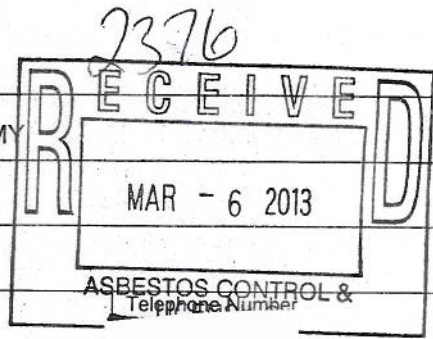
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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
garage		X		pipe insulation	75 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD	City, State Tullytown, PA		
Completed by Deanna Brkusanin	Title Project manager	Signature 		Date 2/26/13	

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



Date of Notification (1) 2/27/2013		Check # 2376		Name of Building Owner/Operator (2) HOBOKEN CATHOLIC ACADEMY					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		555 7th Street					
				City, State, Zip Code Hoboken, NJ 07030					
				Name of Contact Ron Zerino					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken Catholic Academy				Type of Facility (4)					
Street Address 555 7th 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) Hoboken, NJ 07030				Square Feet 20,000		# of Floors 2	Bldg. Age 50+		
County (6) HUDSON			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School				
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		
Start Date (10) 3/2/2013		Scheduled Completion Date (11) 3/4/2013		Name of OSHA Monitor same as above					
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: 8:00 AM				City, State, Zip Code					
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) 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
Crawl space			x	Elbows	16 LF	x			
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd		Name of Registered Landfill Waste Management		
City, State PO Box 5010			Disposal Date tbd		City, State Tullytown Landfill				
Completed by Gina Salvador			Title Office Manager		Signature <i>Gina Salvador</i>		Date 2/27/2013		

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

325

Date of Notification (1) 02-28-2013		Name of Building Owner/Operator (2) PAREDES ENTER.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 6 2013 ASBESTOS CONTROL </div>								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 281 - Summit Rd.						
		City, State, Zip Code Mountain Side - 07092				Name of Contact ANTONIO PAREDES						
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 2. HIGH POINT - DR.			Square Feet									
City (5) MOUNTAIN-SIDE - N.J. 07092			# of Floors									
County (6)			Bldg. Age									
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 CO LLC								
Street Address		Street Address 22-VAN ORDEN PL		City, State, Zip Code HACKENSACK N.J. 07601								
City, State, Zip Code		Telephone No. 201-708-4270		License No. 01135								
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor SANAD - TECHNOLOGIES LAB								
Start Date (10) 03-09-2013		Scheduled Completion Date (11) 03- - 2013		Street Address 1551-DALBRIDGE DR. suite B.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____				City, State, Zip Code Howhatan VA. 23139.								
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		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)		Type			
									Removal	Repair	Encapsulate	Enclosure
Basement		X			VAT-FLOOR-TILE		16 sq ft		X			
Attic		X			VAT-FLOOR-TILE		40 sq ft		X			
Name of Registered Waste Hauler Sharon Quality Co.		NJDEP Waste Hauler ID No. 0033967		Cubic Yards of Waste 1/4		Name of Registered Landfill TRI-STATE-SERVICES						
City, State Hackensack N.J. 07601		Disposal Date TBD		City, State Bronx - N.Y. 10474								
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature <i>[Signature]</i>		Date 02-28/2013						

RECEIVED
 Feb 27 2013 04:57pm
 MAR - 6 2013
 Check # 7100
 001

State of New Jersey
 DEPARTMENT OF HEALTH & SENIOR SERVICES
 (Present to NJAC 17:27 and 17:28)

ASBESTOS CONTROL & LICENSING APPROVED

Date of Notification (1) **2/27/13**

Agency Notified: EPA DEP DOE DCU DCA

Type Modification: Initial Assessment Emergency (including restoration) Construction

Name of Building Owner/Operator (2) **EEL BATTERY & IGNITION CO.**

Street Address: **28 WILLIAMS ST**

City, State, Zip Code: **NEWARK, N.J. 07102**

Name of Contact: **KEN SCHWARTZ**

Telephone Number: _____

No. Dept. of Health & Senior Services (signature) **Ken C. ...**

Date: **2/27/13** Time: **3:53 PM**

Name of Facility Where Abatement & Testing Place (3) **FACILITY RESERVATION**

Name of Facility **EEL BATTERY & IGNITION CO.**

Street Address: **28 WILLIAMS ST**

City (4) **NEWARK**

County (5) **ESSEX**

County Code (7) **ESSEX**

Type of Facility (6): School (K-12) Subchapter S (Other than K-12) Other (i.e., public & commercial buildings, houses, etc.)

Square Feet: **10,000** # of Floors: **1** Bldg. Age: **50+**

Current Use (Prior to being demolished): **COMMERCIAL**

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9) **A. Mac Consulting Inc.**

Street Address: **105 Lowell Road**

City, State, Zip Code: **Glen Rock, N.J. 07452**

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No.: **201-262-5841** License No.: **00156**

Start Date (10) **2/28/13** Scheduled Completion Date (11) **3/28/13**

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

Name of OSHA Monitor: **Omega Environmental Services Inc.**

Street Address: **280 Huger Street**

City, State, Zip Code: **Hackensack, NJ 07606**

Scope of Work (Check All That Apply): 25' or less 25' or more 25' or more if Renovation Demolition

Full Containment with Negative Pressure Wet Enclosure Shallow Procedure Non-Enclosed (*) and Non-Flexible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED at Facility (12)	Is Location Normally Used Solely by Maintenance Contractors (13)			Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, siding, VAV, or other miscellaneous)	Amount (Quantity of or LF)	Abatement Type			
	YES	NO	NSA			Removal	Repair	Encapsulation	Enclosure
Basement			<input checked="" type="checkbox"/>	PIPE INSULATION	20 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: **Rovic Transport**

NJ DEP Waste Hauler ID No.: **20765**

City, State: **Riverdale, New Jersey 07457**

Name of Registered Landfill: **RESI PA Bethlehem Landfill Corp.**

City, State: **Bethlehem, PA 18015**

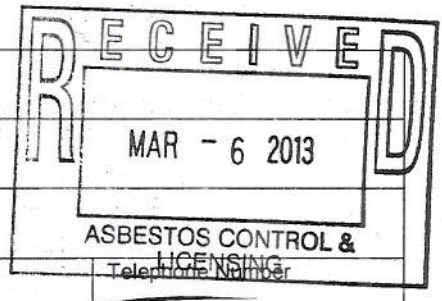
Completed by: **Joseph Vocaturo** Title: **C.O.O.**

Date: **2/27/13**

Signature: **J. Vocaturo** Date: **2/27/13**

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

no check



Date of Notification (1) March 1, 2013		Job #: 9393.1	Name of Building Owner/Operator (2) Delaware Rover Port Authority	
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	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment# <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Riverside Drive	
			City, State, Zip Code Camden, NJ 08101	
			Name of Contact Mark Green	
			Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Administrative Bldg., Commodore Barry Bridge		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 Route 322		Square Feet 10,000	# of Floors 2	Bldg. Age 40 years
City (5) Bridgeport		Current Use (prior if being demolished) Commercial		
County (6) Camden County		County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 00102	Name of Contractor (9) Prime Group Remediation, Inc.	
Street Address 515 Grove Street		Street Address 4343 'G' Street		
City, State, Zip Code Hadden Heights		City, State, Zip Code Philadelphia, PA 19124		
Project Manager for Monitoring Firm Alan Lloyd	Telephone Number 856-547-0505	Telephone Number 215-533-3503	License Number 00858	

Scheduled Start Date (10) January 31, 2013	Scheduled Completion (11) March 22, 2013	Name of OSHA Monitor Pennoni		
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>Work area will be closed</u>		Street Address 515 Grove Street		
		City, State, Zip Code Hadden Heights, NJ 08035		

Source of Work (Check all that apply)

<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
Emergency Generator Room	x			Generator Exhaust	100 SF	X			
Emergency Generator Room	x			Pipe Insulation	40 LF	X			

Name of Reg. Waste Hauler The Prime Group Remediation		NJDEP Waste Hauler ID #	Cubic Yards of Waste 3	Name of Reg. Landfill Minerva (DEP #15-1292)	
City, State Philadelphia, PA		Disposal Date 03/25/13		City, State Waynesburg, OH	
Completed by Vincent Primavera	Title Project Manager	Signature 			Date March 1, 2013

CNECIC #
2658

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

2013 MAR 28 2:00 PM
ASBESTOS CONTROL

Date of Notification (1) <u>2/28/13</u>		Name of Building Owner/Operator (2) <u>FAITH TECH CONTRACTING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DDM <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>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD, N.J. 08230</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2316 WOOD AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>40 Y</u>	
County (6) <u>CORAIR</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	

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

Start Date (10) <u>3/12/13</u>	Scheduled Completion Date (11) <u>3/19/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>

Scope of Work (Check all that apply)

<input type="checkbox"/> 23 sf or 23 ft	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> 2160 sf or 2260 ft	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Min. Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	Encasement
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1200 SF</u>	<u>X</u>	

Name of Registered Waste Hauler <u>KLEMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>2/28/13</u>

CHECK #
2658

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

Date of Notification (1) 2/28/13		Name of Building Owner/Operator (2) EARTH TECH CONTRACTING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50	
		City, State, Zip Code GREENFIELD, N.J. 08230	
		Name of Contact BRUCE BREUNIG	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 113 W. 10TH ST.		Square Feet 1000	# of Floors 2
City (5) OCEAN CITY		Bldg Age 40+	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE.	
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444
Start Date (10) 3/12/13	Scheduled Completion Date (11) 3/19/13		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor JOSEPH KLEMM	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
		Telephone No.	
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		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	
		Telephone No.	
		License No.	
		Name of OSHA Monitor	
		Street Address	
		City, State, Zip Code	

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

OK 17730

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 2013 MAR -6 AM 2:08
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 3/1/2013		Name of Building Owner/Operator (2) HABITAT FOR HUMANITY OF HUDSON COUNTY								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. BOX 319							
			City, State, Zip Code KEYPORT, NJ 07735							
		Name of Contact DAVID G. TILLOU	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 41 KEARNY AVENUE		Square Feet	# of Floors							
City (5) KEARNY		Bldg. Age								
County (6) HUDSON	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) TWO BROTHERS CONTRACTING							
Street Address		Street Address 250 RUTHERFORD BLVD.								
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014								
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494							
Start Date (10) 3/13/2013	Scheduled Completion Date (11) 3/27/2013	Name of OSHA Monitor SAME AS (9) ABOVE								
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: VACANT		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A	Removal	Repair		Encapsulate	Enclosure		
		X		X						
		X		X						
FRONT RECEPTION ROOM				VAT & MASTIC	400 SF	X				
EXTERIOR WALLS				DRYWALL	1,100 SF	X				
BOILER				BOILER INSULATION	36 SF	X				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 12	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.						
City, State CLIFTON, NJ		Disposal Date 3/27/2013		City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title SECRETARY	Signature <i>Viveca Ramos</i>		Date 3/1/2013					

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

Check # 7394 (already paid)

No check

Date of Notification (1) Amended March 1, 2013 February 6, 2013		Name of Building Owner / Operator (2) 360 Sylvan Associates	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Cancellation	Street Address 580 Sylvan Avenue, Suite M-E	
		City, State & Zip Code Englewood Cliffs, NJ 07632	
		Name of Contact	Telephone Number

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) US Post Office		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 360 Sylvan Avenue		Square Feet 30,000	# of Floors 1
City (5) Englewood Cliffs		Bldg. Age 50	
County (6) Bergen		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 16 West Elizabeth Avenue		Street Address 829 Radio Road	
City, State & Zip Code Linden, NJ 07036		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Kelly Walton		Telephone Number 908-862-4301	Telephone Number 609-296-6916
Scheduled Start Date (10) February 15, 2013		License Number 00817	
Scheduled Completion Date (11) April 1, 2013		Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			x	Floor Tiles	4.5 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste <1	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date April 2, 2013	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date March 1, 2013

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

No check

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

(prev. paid on Check # 7396)

Date of Notification (1) Amended March 1, 2013 February 6, 2013		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	Street Address 1345 Chews Landing Road	
		City, State & Zip Code Laurel Springs, NJ 08021	
		Name of Contact Dino Nappi	Telephone Number

2013 MAR --6 AM 2:58
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)		
Street Address 1345 Chews Landing Road		Square Feet 6,000	# of Floors 1	Bldg. Age 58
City (5) Laurel Springs		Current Use (Prior if being demolished) Bank		
County (6) Camden	County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.	
Street Address One Mall Drive, Suite 404		Street Address 829 Radio Road		
City, State & Zip Code Cherry Hill, NJ 08002		City, State & Zip Code Little Egg Harbor, NJ 08087		
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) February 16, 2013	Scheduled Completion Date (11) April 1, 2013	Name of OSHA Monitor Synatech, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road		
		City, State & Zip Code Little Egg Harbor, NJ 08087		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Teller Line Area			X	Vinyl Flooring and Mastic	250 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date April 2, 2013	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date March 1, 2013

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

CHECK
2660

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

2013 MAR 15
REC'D
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EMPLOYEE

Date of Notification (1) 3/1/13		Name of Building Owner/Operator (2) EMPH TECH CONTRACTING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50					
		City, State, Zip Code GREENFIELD, N.J. 08230					
		Name of Contact BRUCE BREUNIG					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address RESIDENCE		Square Feet 1000	# of Floors 2				
City (5) OCEAN CITY		Bldg Age 40+					
County (6) CAMPBELL		Current Use (Prior to being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMCO INC.				
Street Address		Street Address 369 S. SPRUCE AVE.					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444				
Start Date (10) 3/12/13	Scheduled Completion Date (11) 3/19/13	Name of OSHA Monitor JOSEPH KLEMM					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 369 S. SPRUCE AVE.					
		City, State, Zip Code MAPLE SHADE, N.J. 08052					
Scope of Work (Check all that apply)							
<input type="checkbox"/> < 23 sf or < 23 lb <input type="checkbox"/> > 23 sf or > 260 lb		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) 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	Encaps
SIDING			X	TRANSITE	1800#	X	
Name of Registered Waste Hauler KLEMCO INC.		NJ DEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A.			
City, State MAPLE SHADE, N.J. 08052		Disposal Date		City, State WOODBINE, N.J.			
Completed By JOSEPH KLEMM		Title OWNER	Signature <i>Joseph Klemm</i>		Date 3/1/13		

CHECK #
2660

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

Date of Notification (1) <u>3/1/13</u>		Name of Building Owner/Operator (2) <u>A. W. Noto & Son Inc.</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	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 <u>137 PUNK ROAD</u>							
		City, State, Zip Code <u>HAMMONTON, N.J. 08037</u>							
		Name of Contact <u>DAVE NOTO</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>111 E. HOLLYWOOD AVE.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>						
City (5) <u>WILDWOOD CREST</u>		Block No. <u>40+</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address <u>"</u>		Street Address <u>369 S. SPRUCE AVE.</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0422</u>	License No. <u>00444</u>						
Start Date (10) <u>3/12/13</u>	Scheduled Completion Date (11) <u>3/19/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>							
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 ll <input type="checkbox"/> ≥160 sf or ≥260 ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13): <u>SIDING</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) <u>18000</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Excavation
			X	<u>TRANSITE</u>		X			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>6</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>					
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>						
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>3/1/13</u>						

* 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 8:69 and 12:120)

2013 MAR -6 AM 2:00
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 ASBESTOS CONTROL
 LICENSING

Date of Notification (1) 02-28-2013		Name of Building Owner/Operator (2) NOVO COMMERCIAL FLOORING	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 202 WOODLAND AVE. FORD	
		City, State, Zip Code FORD N.J. 08863	
		Name of Contact JOHN	Telephone Number

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 256 Summit Ave.			Square Feet 2,100	# of Floors 2	Bldg. Age 88
City (5) New Milford - N.J. 07646			Current Use (Prior if being demolished) N/A.		
County (6)		County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CO 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.	Telephone No. 201-708-4270	License No. 01135	

Start Date (10) 03-09-2013	Scheduled Completion Date (11) 03-09-2013	Name of OSHA Monitor SANAIR-TECHNOLOGIES LAB			
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 1551 OAKBRIDGE DR. SUITE B			
		City, State, Zip Code Powhatan VA. 23139			

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT FLOOR TILE	1300 SQ	X			

Name of Registered Waste Hauler Sharon Quality Co		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste 2.1/4	Name of Registered Landfill TRI-STATE SERVICES	
City, State Hackensack N.J. 07601		Disposal Date TBD	City, State Blox N.Y. 10474		
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature <i>[Signature]</i>	Date 02-28-13	

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

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60253

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2013 MAR -6 AM 2:08
ASBESTOS CONTROL
& LICENSURE

Date of Notification (1) 03/01/2013		Name of Building Owner/Operator (2) PROLOGIS L.P.	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address ONE MEADOWLANDS PLAZA SUITE 100	
		City, State, Zip Code EAST RUTHERFORD, NJ 07073	
		Name of Contact IRENE SCHMIDT	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Street Address 228 NORTH AVENUE City (5) ELIZABETH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 300,000	# of Floors 1
Current Use (Prior if being demolished) VACANT (PRIOR USE COMMERCIAL)		Bldg. Age	

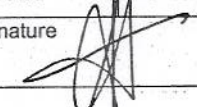
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS INC.		ASCM No. 00104	Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES	
Street Address 655 WEST SHORE TRAIL		Street Address 11-02 QUEENS PLAZA SOUTH		
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code LONG ISLAND CITY, NY 11101		
Project Manager for Monitoring Firm BILL KERBEL		Telephone No. 973-729-5649	Telephone No. 718-349-0900	License No. 00853

Start Date (10) 03/04/2013	Scheduled Completion Date (11) 3/18/2013	Name of OSHA Monitor MARTIN MCREA	
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>BUILDING IS VACANT</u>		Street Address 714 KENNEDY BLVD City, State, Zip Code BAYONNE, NJ 07002	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GROUND FLOOR		X		PIPE INSULATION	1,000 LF	X			
GROUND FLOOR		X		VAT & MASTIC	200 SF	X			

Name of Registered Waste Hauler ATC/TST		NJDEP Waste Hauler ID No. 24310/19551	Cubic Yards of Waste 30	Name of Registered Landfill MINERVA ENTERPRISES	
City, State SHIRLEY, NY 11967/BRONX, NY 10464		Disposal Date 3/18/2013		City, State WAYNESBURG, OH 44688	
Completed by ANN ALI		Title ADMINISTRATIVE	Signature 		Date 03/01/2013

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

Check #
 8513

Date of Notification (1) 3-1-13		Name of Building Owner/Operator (2) Sieck Brothers Inc								
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 50 E. Gloucester Pike								
		City, State, Zip Code Barrington NJ 08007								
		Name of Contact Mark Franchi		Telephone Number _____						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 East Gloucester Pike			Square Feet	# of Floors	Bldg. Age					
City (5) Barrington NJ 08007				2	50+-					
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Single Family Dwelling						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337								
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533								
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394						
Start Date (10) March 11, 2013		Scheduled Completion Date (11) March 23, 2013		Name of OSHA Monitor EPC Technologies						
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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure						
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure						
				<input type="checkbox"/> Glovebag Procedure						
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Extension Back Porch			X	Siding Shingles	200 SF	X				
Kitchen		X		Floor Tiles	150 SF	X				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 2	Name of Registered Landfill Waste Management PA					
City, State New Egypt NJ		Disposal Date 3-25-13		City, State Monroeville PA						
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 3-1-13				

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

Additional fee
for Footage

B & G proj. #: 2013-28

Proj. resumes Monday, 3/4/13

Check # 5788

2013 MAR -6 AM 2:00
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
03/11/13

Name of Building Owner/Operator (2)
Alan Berner

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial
 Amendment
 Cancellation

Street Address
514 Ridgewood Avenue

City, State, Zip Code
Glen Ridge, NJ 07028

Name of Contact
Alan Berner

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Alan Berner

Street Address
514 Ridgewood Avenue

City (5)
Glen Ridge, NJ 07028

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
 School (K - 12)
 Subchapter 8 (Other than K-12)
 Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)696-6869

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
02/14/2013

Sched. Completion Date (11)
03/06/13

Occupancy Status During Abatement (Check only one)
 Facility closed/vacated during entire period of abatement.
 Abatement performed outside of normal facility hours- Describe:
 Other-Describe:

Scope of Work (check all that apply)

- Demolition
 Renovation
 Full Containment w/negative pressure
 Mini-enclosure
 >3 sf or >3 lf
 ≥160 sf or ≥260 lf
 Glovebag procedure
 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						
main room, boiler room, laundry room, storage room, & bathroom			X	pipe insulation	170 lf	X			
main rm, boiler rm, 2 closets			X	VAT	665 sf	X			

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
10

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
03/06/2013

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
03/11/2013

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

B & G proj. #: 2013-28

***** ON HOLD*****

Check # N/A

2013 MAR --6 AM 2:08
 AIR QUALITY CONTROL & LICENSING

Date of Notification (1) <u>02/13/13</u>		Name of Building Owner/Operator (2) Alan Berner	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 514 Ridgewood Avenue	
		City, State, Zip Code Glen Ridge, NJ 07028	
		Name of Contact Alan Berner	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Alan Berner			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 514 Ridgewood Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Glen Ridge, NJ 07028	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378		
Scheduled Start Date (10) 02/14/2013	Sched. Completion Date (11) 03/06/13***		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

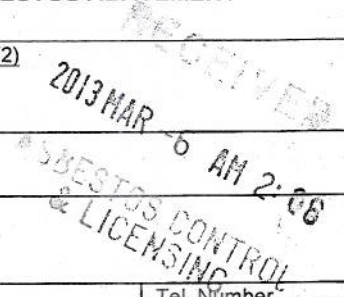
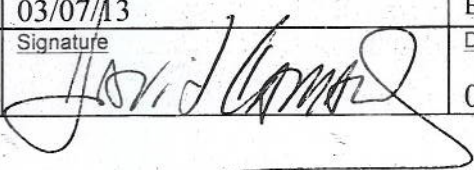
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" 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						
main room, boiler room, laundry room, storage room, & bathroom			<input checked="" type="checkbox"/>	pipe insulation	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
around boiler only			<input checked="" type="checkbox"/>	VAT & mastic	75 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ	Disposal Date 02/15 - 03/06/13		City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/13/2013		

CHECK # 10179

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 02/28/2013		Name of Building Owner/Operator (2) 2077 Tenants Corp.						
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation		Street Address 2077 Center Avenue					
			City, State, Zip Code Forth Lee, NJ 07024					
		Name of Contact Renee Wolfe		Tel. Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 2077 Center Avenue			Sq. Feet: 2,000 SFT (Basement mechanical room)					
City (5) Fort Lee			County (6) Bergen	County Code (7) (State Use Only)				
			# of Floors: 22 Bldg. Age: 45					
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			ASCM No. N/A		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.			
Street Address N/A			Street Address 3300 Hudson Avenue					
City, State, Zip Code N/A			City State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm N/A		Telephone Number		Telephone Number (201)325-0055	License Number 01124			
Scheduled Start Date (10) 03/04/13		Scheduled Completion Date (11) 03/06/13		Name of OSHA Monitor ISES, Inc.				
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in basement unoccupied during abatement			Street Address 3300 Hudson Avenue					
			City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply) () Demolition (X) Renovation								
() Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM)			() Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glove-bag 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 or Custodial Staff? (12)		Description of 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 Area (Mechanical room)	X		TSI Pipe Insulation	30LFT Approx	X			
Name of Reg. Waste Hauler NEWARK CARTING			NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 1	Name of Reg. Landfill IESI BETHLEHEM LANDFILL			
City, State 369 Raymond Blvd., Newark, NJ 07105			Disp. Date 03/07/13	City, State BETHLEHEM, PA 18015				
Completed by (Print or Type) David Camacho		Title Project Supervisor	Signature 		Date 02/27/2013			

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

OK
2549

2013 MAR 8 AM 2:08
REGISTRATION CONTROL LICENSING

Date of Notification (1) 2-20-13		Name of Building Owner/Operator (2) Hugo Perentelli	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 N 32nd Ave	City, State, Zip Code Long Port NJ
		Name of Contact Hugo Perentelli	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 22 N 32nd Ave Block #75 Lot #14		Square Feet 2400	# of Floors 2
City (5) Longport		Bldg. Age 70	Current Use (Prior if being demolished)
County (6) Atlantic	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Street Address		Street Address An. to Joe LLC 1212 Burlington Ave
City, State, Zip Code		City, State, Zip Code Delanco NJ 08025
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-824-0971
		License No. 01070

Start Date (10) 3-8-13	Scheduled Completion Date (11) 3-15-13	Name of OSHA Monitor Self
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address
		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-Exempted (?) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Encapsulate/Repair	Enclosure
Outside				(Ac.m) siding	1750 sf	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler Jack Robinson	NJDEP Waste Hauler ID No. 28368	Cubic Yards of Waste	Name of Registered Landfill Wm. d PA
City, State Bellmawr NJ		Disposal Date	City, State Tullytown PA
Completed by Joe Hill	Title VP	Signature JH	Date 2-27-13