


CK #25092

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

Date of Notification (1) <u>3/5/13</u>		Name of Building Owner/Operator (2) <u>M. Arshad Afredi</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>2 Benson Lane</u>						
		City, State, Zip Code <u>Hopewell Twp, NJ 08552</u>						
		Name of Contact <u>Mr. Afredi</u>	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
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>25 Leigh Ave.</u>		Square Feet <u>1600</u>	# of Floors <u>2</u>					
City (5) <u>Princeton, NJ 08542</u>		Bldg. Age <u>65</u>						
County (6) <u>Mercer</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>3/15/13</u>	Scheduled Completion Date (11) <u>3/18/13</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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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>			<u>Thermal Pipe Insulation</u>	<u>120lf</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>2 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/18/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>3/5/13</u>					

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

B & G proj. #: 2013-43

Check # 5794

Date of Notification (1)  
 03/11/13

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amendment  
 Cancellation

Name of Building Owner/Operator (2)  
 Adam Pockriss

Street Address  
 36 Madison Street

City, State, Zip Code  
 Glen Ridge, NJ 07028

Name of Contact  
 Adam Pockriss

Telephone Number

2013 MAR -7 PM 2:00  
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
 Adam Pockriss

Street Address  
 36 Madison Street

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)  
 03/15/2013

Sched. Completion Date (11)  
 03/15/2013

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  Glovebag procedure

>3 sf or >3 lf  ≥160 sf or ≥260 lf  Mini-enclosure  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						
basement			X	pipe insulation	75 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"/>

Registered Waste Hauler  
 B & G Restoration, Inc.

NJDEP Hauler ID#  
 19563

Cubic Yards of Waste  
 1 yard

Name of Registered Landfill  
 Tullytown Resource & Recovery Center

City, State  
 Lincoln Park, NJ

Disposal Date  
 03/18/2013

City, State  
 Tullytown, PA

Completed by (Print or Type)  
 Gordana Luna

Title  
 Secretary/Treasurer

Signature  
 Gordana Luna

Date  
 03/4/2013

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

B & G proj. #: 2013-46

Check # 5793

Date of Notification (1) <u>10/13/10 14/11/13</u>		Name of Building Owner/Operator (2) <u>Jacque Stivala</u> <span style="float: right;">2013 MAR 7 PM 2:08</span>	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>23 Della Avenue</u> <span style="float: right;">ASBESTOS CONTROL &amp; LICENSING</span>	
		City, State, Zip Code <u>Pompton Plains, NJ 07444</u>	
		Name of Contact <u>Jacque Stivala</u>	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Jacque Stivala</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>23 Della Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Pompton Plains, NJ 07444</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>	
Scheduled Start Date (10) <u>03/14/2013</u>	Sched. Completion Date (11) <u>03/15/2013</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	90 lf	X			
basement			X	boiler insulation	32 sf	X			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/2 yard</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>		
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>03/15/2013</u>	City, State <u>Tullytown, PA</u>		
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>03/4/2013</u>	

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

*CR # 2411*

Date of Notification (1) <b>March 4, 2013</b>		Name of Building Owner / Operator (2) <b>Hess Corporation</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>One Hess Plaza</b>	
		City, State & Zip Code <b>Woodbridge, NJ 07095</b>	
		Name of Contact <b>John Philbin</b>	
Telephone Number <b>1</b>			

*2013 MAR -7 PM 2:08*  
**ASBESTOS CONTROL & LICENSING**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Hess Corporation</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>123 Derosse Ave.</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Pennsauken</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Exterior</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>28 N. Pennell Road</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Media, PA 19063</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone Number <b>800-969-6AET</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>3/18/2013</b>	Scheduled Completion Date (11) <b>3/22/2013</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <b>Exterior Removal</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement: <b>7am – 3:30pm</b>		Street Address <b>1123 Beaver Street</b>			
		City, State & Zip Code <b>Bristol, PA 19007</b>			

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

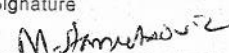
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Tank Area 2097</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	<b>52 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tank Area 2094</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	<b>91 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental, Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GROWS Landfill</b>	
City, State <b>Bristol, PA 19007</b>		Disposal Date <b>3/22/2013</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>3/4/13</b>

ck  
1726

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

RECEIVED  
 2013 MAR -7 PM 2:08  
 ASBESTOS CONTROL  
 LICENSING

Date of Notification (1) <u>03/04/2013</u>		Name of Building Owner/Operator (2) <u>35 &amp; 37 Water Street New Jersey Properties, Inc.</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>80 Park Plaza</u>
			City, State, Zip Code <u>Newark, NJ 07102</u>
		Name of Contact <u>Louis Hahn</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4)	
Street Address <u>35 Water Street</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <u>Hackensack</u>		Square Feet <u>2,000 SF</u>	# of Floors <u>1</u>
County (6) <u>Bergen</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>70+</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Valiant Associates, LLC</u>
Street Address _____		Street Address <u>145 Mill Street</u>	
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07501</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>973-553-5374</u>	License No. <u>01108</u>
Start Date (10) <u>03/14/2013</u>	Scheduled Completion Date (11) <u>03/15/2013</u>	Name of OSHA Monitor <u>Valiant Associates, LLC</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>145 Mill Street</u>	
		City, State, Zip Code <u>Paterson, NJ 07501</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag 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)
	Yes	No	
<u>Exterior - Front Elevation</u>		<input checked="" type="checkbox"/>	<u>Transite siding</u>
			<u>80 SF</u>
			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>Service Transport Group</u>		NJDEP Waste Hauler ID No. <u>20990</u>	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>New Castle, DE</u>		Disposal Date <u>03/15/2013</u>	City, State <u>Waynesburgh, OH</u>
Completed By <u>Miodrag Stamenovic</u>	Title <u>Project Manager</u>	Signature 	Date <u>03/04/2013</u>

ASB41

• 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)

check # 1457

RECEIVED  
 2013 MAR -7 PM 2:08  
 ASBESTOS CONTROL  
 & LICENSING

Date of Notification (1) 2-28-2013		Name of Building Owner/Operator (2) Randolph Township 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Schoolhouse Road							
			City, State, Zip Code Randolph, NJ 07869							
		Name of Contact Frank W. Wrede	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Fernbrook Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 206 Quaker Church Road		Square Feet 50,000+	# of Floors 2							
City (5) Randolph		Bldg. Age 30+								
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc							
Street Address PO Box 385		Street Address 140 Hamburg Turnpike								
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. 201-710-9725							
		License No. 01084								
Start Date (10) 10-12-2012	Scheduled Completion Date (11) 04-30-2013 due to Hurricane	Name of OSHA Monitor GL Group, 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 Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike								
		City, State, Zip Code Bloomingdale, NJ 07403								
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	
North Wing/Front Entrance		X		Window Caulk	736 LF	X				
North Wing/Front Entrance		X		Window Glaze	1760 LF	X				
East Wing		X		Transite	352 SF	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows						
City, State Bloomingdale, NJ			Disposal Date TBD	City, State Morrisville, PA						
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 2-28-2013				

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

RECEIVED  
 ASBESTOS CONTROL & LICENSING  
 2013 MAR -7 PM 2:08

Date of Notification (1) 2-28-2013		Name of Building Owner/Operator (2) Randolph Township 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Schoolhouse Road		City, State, Zip Code Randolph, NJ 07869				
			Name of Contact Frank W. Wrede		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ironia Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 303 Dover-Chester Road			Square Feet 50,000+	# of Floors 2	Bldg. Age 30+				
City (5) Randolph		County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. 201-710-9725	License No. 01084					
Start Date (10) 10-12-2012	Scheduled Completion Date (11) 04-30-2013 due to Hurricane		Name of OSHA Monitor GL Group, 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 Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 140 Hamburg Turnpike						
			City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
East Wing		X		Window Glaze	4960 LF	X			
East Wing		X		Transite Panels	992 SF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 2-28-2013				

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

check # 201457

APR 7 2013 2:00 PM  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 2-28-2013		Name of Building Owner/Operator (2) Randolph Township 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 25 Schoolhouse Road							
	City, State, Zip Code Randolph, NJ 07869		Name of Contact Frank W. Wrede							
		Telephone Number								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Center Grove 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 25 School House Road		Square Feet 50,000+	# of Floors 2							
City (5) Randolph		Bldg. Age 30+								
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Name of Abatement Contractor (9) GL Group, Inc							
Street Address PO Box 385		Street Address 140 Hamburg Turnpike								
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609) 652-1833	Telephone No. 201-710-9725							
		License No. 01084								
Start Date (10) 10-12-2012	Scheduled Completion Date (11) 04-30-2013 due to Hurricane		Name of OSHA Monitor GL Group, 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 Facility Hours <input type="checkbox"/> Other -- Describe:		Street Address 140 Hamburg Turnpike								
		City, State, Zip Code Bloomingdale, NJ 07403								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
1954 Wing		X		Window Caulk	952 LF	X				
1954 Wing		X		Window Glaze	2760 LF	X				
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows						
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 2-28-2013				

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



CK 004754  
D&S Proj. #: MS 13-75

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

2013 MAR -7 PM 2:00  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/10/14		Name of Building Owner/Operator (2) CONNIE BRUDAGE	
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 #: _____	Street Address 300 KINGSLAND AVENUE	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LYNDHURST, NJ 07071	
		Name of Contact CONNIE BRUDAGE	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CONNIE BRUDAGE			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 300 KINGSLAND AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) LYNDHURST	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 03/14/13	Sched. Completion Date (11) 03/28/13		Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	85 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	12 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/15/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/04/13

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

CK  
001153

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

D&S Proj. #: MS 13-74

2013 MAR -7 PM 2:08  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10   13   1   10   14   1   11   13   1		Name of Building Owner/Operator (2) JANET TERHUNE	
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 #: _____	Street Address 113 BECKER AVENUE	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCHELLE PARK, NJ 07662	
		Name of Contact JANET TERHUNE	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JANET TERHUNE		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 113 BECKER AVENUE		Square Feet	# of Floors
City (5) ROCHELLE PARK	County (6) BERGEN	Bldg. Age	
County Code (7) (State use only)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____	Phone Number _____	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 03/14/13	Sched. Completion Date (11) 03/28/13	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

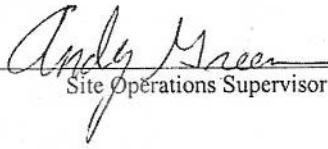
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/>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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement BOILER ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement LAUNDRY & TANK ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	55 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 03/15/13	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____		Date 03/04/13

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

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

<b>Date of Notification (1)</b> 3/4/2013		<b>Name of Building Owner/Operator (2)</b> Sunoco Partners Marketing & Terminals, L.P.	
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA		<b>Notification Type</b> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	
<b>Street Address</b> US Route 130 & I-295		<b>City, State, Zip Code</b> Westville, NJ 08093-1000	
<b>Name of Contact</b> Dorothy Rurak		<b>Tel. Number</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Sunoco Partners Marketing & Terminals, L.P.		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> US Route 130 & I-295		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Westville	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	<b>Bldg. Age</b> N/A (Outside piping) <b>Current Use</b> (prior if being demolished) Oil Refinery
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> KA Industrial services, LLC		<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Kenny Atlantic Industrial Services LLC
<b>Street Address</b> 26 Colonial Ave		<b>Street Address</b> 800 Billingsport Rd	
<b>City, State, Zip</b> Woodbury Nj 08096		<b>City State, ZipCode</b> Paulsboro, NJ 08066	
<b>Project Manager for Monitoring Firm</b> Scott Dechant	<b>Telephone Number</b> 856-224-4385	<b>Telephone Number</b> 856-224-4392	<b>License Number</b> 00857
<b>Scheduled Start Date (10)</b> 3/18/2013	<b>Scheduled Completion Date (11)</b> 3/22/2013	<b>Name of OSHA Monitor</b> Same	
<b>Occupancy Status During Abatement (Check only one)</b> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -  (X) Other - Describe - Exterior abatement/renovations within restricted work area, no other contractors present		<b>Street Address</b>	
		<b>City, State, Zip Code</b>	
<b>Source of Work (Check all that apply)</b>  ( ) Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) ( ) Full Containment ( ) Mini-Enclosure (X) Glovebag Procedure			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b> (Estimated)
<b>Abatement Type</b>	<b>Rem.</b>	<b>Rep.</b>	<b>Encap</b>
<b>Enclose</b>			
Roof of Old Lab Bldg	X	TSI on Outside Piping	300 LF
<b>Name of Reg. Waste Hauler</b> Waste Management, Inc.	<b>NJDEP Waste Hauler ID #</b> 17273	<b>Cubic Yards of Waste</b> 20 (estimated)	<b>Name of Reg. Landfill</b> Gloucester County Landfill
<b>City, State</b> South Harrison, NJ		<b>Disp. Date</b> Various	<b>City, State</b> South Harrison, NJ
<b>Completed by (Print or Type)</b> ANDREW GREEN	<b>Title</b> MANAGER - KAIS	<b>Signature</b>  Site Operations Supervisor	<b>Date</b> 3/4/2013

2013 MAR -7 PM 2:08  
ASBESTOS ABATEMENT

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT DOL - 10 DAY  
(Pursuant to N.J.A.C. 8:60 and 12:120)**

is AH - 4 2013

Date of Notification (1) <b>3/01/13</b>		Name of Building Owner / Operator (2) <b>New Jersey School Development Authority</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1 West State Street</b>	
		City, State & Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>Jorge Alfonso</b>	
		Telephone Number	

**WAIVER APPROVED**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Warminster Building</b>			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 <b>6400 Broadway</b>			Square Feet <b>-126,000</b>	# of Floors <b>4</b>	Bldg. Age <b>~ 100 Years</b>
City (5) <b>West New York</b>	County (6) <b>Hudson</b>	County Code (7)	Current Use (Prior if being demolished) <b>Manufacturing</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World</b>		ASCM No.	Name of Abatement Contractor (9) <b>Tricon Enterprises, Inc.</b>		
Street Address <b>25 Columbia Turnpike</b>		Street Address <b>322 Beers Street</b>			
City, State & Zip Code <b>Florham Park, New Jersey</b>		City, State & Zip Code <b>Keyport, NJ 07735</b>			
Project Manager for Monitoring Firm <b>Eric Gibson</b>	Telephone Number <b>973 204-8382</b>	Telephone Number <b>732 738-1200</b>	License Number <b>01095</b>		

Scheduled Start Date (10) <b>3/05/13</b>	Scheduled Completion Date (11) <b>3/15/13</b>	Name of OSHA Monitor <b>Tricon Enterprises, Inc.</b>			
---	--	---	--	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>322 Beers Street</b>			
		City, State & Zip Code <b>Keyport, NJ 07735</b>			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 of or ≥ 3 ft	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 ft	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>Building 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing Material</b>	<b>1,170 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building 1-E &amp; 1-F</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing Material</b>	<b>2,925 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building 1-D</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing Material</b>	<b>1,575 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Sambony Enterprises, LLC</b>		NJDEP Waste Hauler ID No	Cubic Yards of Waste <b>~ 60 Cu Yds</b>	Name of Registered Landfill <b>Coplay Quarry</b>	
City, State <b>Williamstown, NJ</b>		Disposal Date <b>03/2013</b>	City, State <b>Whitehall, PA</b>		
Completed By (Print or Type) <b>Patrik Larney</b>		Title <b>Dir. Env. Ops.</b>	Signature 		Date <b>3/01/13</b>

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

2013 MAR -7 PM 2:30  
NJDEP DIVISION OF AIR & LIQUID POLLUTION CONTROL

Date of Notification (1) <b>3/01/13</b>		Name of Building Owner / Operator (2) <b>New Jersey School Development Authority</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>1 West State Street</b>
			City, State & Zip Code <b>Trenton, NJ 08625</b>
			Name of Contact <b>Jorge Alfonzo</b>
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Warminster Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>6400 Broadway</b>			Square Feet <b>~126,000</b>	# of Floors <b>4</b>	Bldg. Age <b>~ 100 Years</b>
City (5) <b>West New York</b>	County (6) <b>Hudson</b>	County Code (7)	Current Use (Prior if being demolished) <b>Manufacturing</b>		

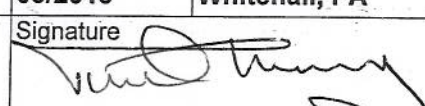
Name of Monitoring Firm Hired by Building Owner (8) <b>Matrix New World</b>		ASCM No.	Name of Abatement Contractor (9) <b>Tricon Enterprises, Inc.</b>		
Street Address <b>25 Columbia Turnpike</b>		Street Address <b>322 Beers Street</b>			
City, State & Zip Code <b>Floram Park, New Jersey</b>		City, State & Zip Code <b>Keyport, NJ 07735</b>			
Project Manager for Monitoring Firm <b>Eric Gibson</b>	Telephone Number <b>973 204-8382</b>	Telephone Number <b>732 739-1200</b>	License Number <b>01095</b>		

Scheduled Start Date (10) <b>3/06/13</b>	Scheduled Completion Date (11) <b>3/15/13</b>	Name of OSHA Monitor <b>Tricon Enterprises, Inc.</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>322 Beers Street</b>			
		City, State & Zip Code <b>Keyport, NJ 07735</b>			

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 ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Building 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing Material</b>	<b>1,170 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building 1-E &amp; 1-F</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing Material</b>	<b>2,925 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Building 1-D</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing Material</b>	<b>1,575 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Samboney Enterprises, LLC</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>~ 60 Cu Yds</b>	Name of Registered Landfill <b>Coplay Quarry</b>	
City, State <b>Williamstown, NJ</b>		Disposal Date <b>03/2013</b>		City, State <b>Whitehall, PA</b>	
Completed By (Print or Type) <b>Patrick Larney</b>		Title <b>Dir. Env. Ops.</b>	Signature 		Date <b>3/01/13</b>

CHECK #  
2663

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

2013 MAR - 7

Date of Notification (1) <u>3/5/13</u>		Name of Building Owner/Operator (2) <u>EMMTECH CONTRACTING</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <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>3121 BAYLAND 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>	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. <u>856-779-0422</u>	License No. <u>00444</u>					
Start Date (10) <u>3/18/13</u>	Scheduled Completion Date (11) <u>3/25/13</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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	In-Place
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1800 LF</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>		Date <u>3/5/13</u>			

OK  
1349

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

2013 MAR -7 PM 2:08  
ASBESTOS ABATEMENT & LICENSING

Date of Notification (1) <b>03-05-2013</b>		Name of Building Owner / Operator (2) <b>Longford Landscaping &amp; Excavation, Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>299 Whitehead Road</b>
			City, State & Zip Code <b>Hamilton, NJ 08619</b>
			Name of Contact <b>Mr. Michael Conboy</b>
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Dwelling</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>1391 Millcreek Road</b>			Square Feet <b>972</b>	# of Floors <b>1</b>	Bldg. Age <b>55</b>
City (5) <b>Manahawkin, NJ 08050</b>	County (6) <b>Ocean</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential Dwelling</b>		

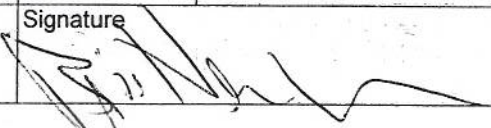
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, LLC</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Resource Management Group, LLC</b>		
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>2115 Hamilton Ave, Ste 202</b>			
City, State & Zip Code <b>Hammonton, NJ 08037</b>		City, State & Zip Code <b>Trenton, NJ 08619</b>			
Project Manager for Monitoring Firm <b>Mr. Jim Proctor</b>		Telephone Number <b>609-704-8850</b>	Telephone Number <b>609-977-6159</b>	License Number <b>01185</b>	

Scheduled Start Date (10) <b>03/18/2013</b>	Scheduled Completion Date (11) <b>03/22/2013</b>	Name of OSHA Monitor <b>J&amp;S Environmental Laboratories Inc</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>2333 Route 22 West</b>			
		City, State & Zip Code <b>Union, NJ 07083</b>			

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 ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior Siding</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Siding Shingles</b>	1012	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal Services</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Mr. Brian Haney</b>		Title <b>President</b>	Signature 		Date <b>3/05/2013</b>

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

Check# 1586

Date of Notification (1) 03 / 04 / 13		Name of Building Owner/Operator (2) Ibelisse Martinez	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> OHSS <input type="checkbox"/> DCA (NJAC 5:23-b)		Street Address 375 Park Avenue	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fairview, NJ 07022	
		Name of Contact Ibelisse Martinez	Telephone Number

2013 MAR -7 PM 2:00  
 NJ Dept of Health & Senior Services  
 (Signature)  
 Date: 3/4/13 Time: 2:00

**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 375 Park Avenue		Square Feet	
City (5) Fairview, NJ 07022		# of Floors	
County (6) Bergen		Bldg. Age	
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	License No. 01127
Start Date (10) 03 / 04 / 13		Scheduled Completion Date (11) 03 / 05 / 13	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM		Name of OSHA Monitor Envirovision Consultants, Inc	
		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	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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		NJ DEP Waste Hauler ID No. 0035785		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 03/04/2013	

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



OK 255.4

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

Date of Notification (1) <b>3-4-13</b>		Name of Building Owner/Operator (2) <b>Barbara Battigaglia</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>75 Miller St</b>	
		City, State, Zip Code <b>Wallington NJ 07057</b>	
		Name of Contact <b>Barb</b>	Telephone Number

Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		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 <b>54 LAKE SUPERIOR DRIVE</b>		Square Feet	# of Floors
City (5) <b>LITTLE Egg Harbor NJ</b>		Bldg. Age	
County (6)	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) <b>AN INC LLC</b>	
Street Address		Street Address <b>1212 Burlington Ave</b>	
City, State, Zip Code		City, State, Zip Code <b>Delanco NJ</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856 524 0971</b>	License No. <b>01070</b>

Start Date (10) <b>3-14-13</b>	Scheduled Completion Date (11) <b>3-25-13</b>	Name of OSHA Monitor <b>SELF</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 150$  sf or  $\geq 260$  lf

Renovation  
 Demolition

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

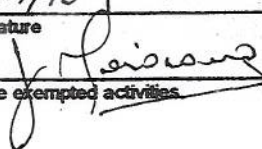
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
<b>OUTSIDE</b>			<input checked="" type="checkbox"/>	<b>ACM Sidings</b>	<b>2000 SF</b>	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler <b>J. Robinson</b>	NJDEP Waste Hauler ID No. <b>28365</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>WM. of PA</b>
City, State <b>Bellmawr NJ</b>		Disposal Date <b>7/01</b>	City, State <b>Tullytown PA</b>
Completed by <b>JOE HILL</b>	Title <b>VP</b>	Signature <b>JH</b>	Date <b>3-4-13</b>

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

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

CL 4391

Date of Notification (1) <b>3/4/13</b>		Name of Building Owner/Operator (2) <b>MS. ALFREDA FORCZEK</b>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>9 VAN BUREN ST</b>						
		City, State, Zip Code <b>NEWARK . NJ . 07101</b>						
		Name of Contact <b>MS. KEVIN AMATT</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MS. FORCZEK</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <b>9 VAN BUREN ST.</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>					
City (5) <b>NEWARK</b>		Bldg. Age <b>607-1925</b>						
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address		Street Address <b>450 S. River St</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>3/18/13</b>	Scheduled Completion Date (11) <b>3/19/13</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b>						
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>KITCHEN</b>			<b>X</b>	<b>VAT</b>	<b>360 #</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 cy</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>3/19/13</b>		City, State <b>Waynesburg, Oh</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature 			Date <b>3/4/13</b>	

**NOTIFICATION OF ASBESTOS ABATEMENT**

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

Date of Notification (1) March 4, 2013		Name of Building Owner/Operator (2) Terry Gianatapo	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification, Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address 134 Waldron Road	
		City, State, Zip Code Toms River, NJ 08753	
		Name of Contact Terry Gianatapo	Telephone Number 201.320.2132

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (other than K12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 134 Waldron Road			Square feet 1500 sf		
City Toms River	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) 3/04/13		Scheduled Completion Date (11) 3/05/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[ ] Renovation [ x ] Demolition			[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] 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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
Exterior		X		Asbestos siding	2000 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 3/06/13	City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fericola		Title Project Manager		Signature <i>Nicholas Fericola</i>			Date 3/4/2013		

\*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)

2013 MAR -7 PM 2:58  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/1/13		Name of Building Owner/Operator (2) The Port Authority of NY & NJ	
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 241 Erie St. Room 236	
		City, State, Zip Code Jersey City, NJ 07310	
		Name of Contact Ralph Campione	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		Type of Facility (4)	
Street Address Newark Liberty International Airport		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Newark	Square Feet 240000	# of Floors 6	Bldg. Age 50+
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Passenger Terminal	

Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ		ASCM No.	Name of Abatement Contractor (9) ABC Construction Contracting Inc.	
Street Address 241 Erie Street, Room 236		Street Address 36-16 19th Avenue		
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Astoria, NY 11105		
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-8622-0800	Telephone No. 718-729-2501	License No. 01159

Start Date (10) 3/17/13	Scheduled Completion Date (11) 12/1/13	Name of OSHA Monitor Precision Environmental	
Occupancy Status During Abatement (Check Only One)		Street Address 26-15A 23rd Street	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11105	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Term. B Lvl 2 Between Col. 27-29			X	Fireproofing	2591 SF	X			

Name of Registered Waste Hauler ABC Construction Contracting Inc.		NJDEP Waste Hauler ID No. 22280	Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S. North Landfill	
City, State Astoria, NY		Disposal Date 12/20/13	City, State Morrisville, PA		
Completed by Stanko Koronovac	Title President	Signature 	Date 3/1/13		

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

No check

2013 MAR -7 PM 2:08  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/1/13		Name of Building Owner/Operator (2) The Port Authority of NY & NJ								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 241 Erie St. Room 236							
			City, State, Zip Code Jersey City, NJ 07310							
		Name of Contact Ralph Campione	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		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 Newark Liberty International Airport		Square Feet 50000	# of Floors 4							
City (5) Newark		Bldg. Age 50+								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hangar								
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ		ASCM No. _____	Name of Abatement Contractor (9) ABC Construction Contracting Inc.							
Street Address 241 Erie Street, Room 236		Street Address 36-16 19th Avenue								
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Astoria, NY 11105								
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-8622-0800	Telephone No. 718-729-2501							
		License No. 01159								
Start Date (10) 3/18/13	Scheduled Completion Date (11) 12/1/13	Name of OSHA Monitor Precision Environmental								
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 26-15A 23rd Street								
		City, State, Zip Code Long Island City, NY 11105								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Hangar 14 2nd Fl. Office Area			X	VAT	6135 SF	X				
Hangar 14 2nd Fl. Office Area			X	TSI	25 LF	X				
Name of Registered Waste Hauler ABC Construction Contracting Inc.		NJDEP Waste Hauler ID No. 22280	Cubic Yards of Waste 100	Name of Registered Landfill G.R.O.W.S. North Landfill						
City, State Astoria, NY		Disposal Date 12/20/13		City, State Morrisville, PA						
Completed by Stanko Koronovac		Title President		Signature 				Date 3/1/13		