

OK 003088

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

2013 MAR 12 PM 2:09
 ASBESTOS LICENSURE

Date of Notification (1) <u>03/05/2013</u>		Name of Building Owner/Operator (2) <u>Glenwood Apartment & Country Club</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>1655 US HWY 9</u>	
		City, State, Zip Code <u>Old Bridge, NJ 08857</u>	
		Name of Contact <u>Bernadette Poppel</u>	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Apartments Bldg.</u>		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 & commercial buildings, homes, etc.)	
Street Address <u>21 A-D Red Oak Lane</u>		Square Feet <u>2000 SF</u>	# of Floors <u>2</u>
City (5) <u>Old Bridge,</u>		Bldg. Age <u>60+</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Apartments Bldg.</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>DIA General Construction, Inc.</u>
Street Address _____		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>
City, State, Zip Code _____		City, State, Zip Code <u>Clifton, NJ 07012</u>
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. <u>973-389-0089</u>
		License No. <u>00693</u>

Start Date (10) <u>03/18/2013</u>	Scheduled Completion Date (11) <u>03/20/2013</u>	Name of OSHA Monitor <u>DIA General Construction, Inc.</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>1360 Clifton, Avenue, PMB Suite 218</u>
		City, State, Zip Code <u>Clifton, NJ 07012</u>

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Govebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

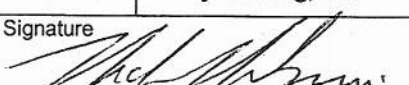
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space			X	Pipe/Elbow Insulation	200 LF	X			

Name of Registered Waste Hauler <u>Service Transport Group</u>	NJDEP Waste Hauler ID No. <u>20970</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>Minerva Landfill</u>
City, State <u>New Castle, DE</u>	Disposal Date <u>03/20/2013</u>	City, State <u>Waynesburg, OH 44688</u>	
Completed By <u>Krutarth Jagad</u>	Title <u>President</u>	Signature 	Date <u>03/05/2013</u>

ASB41

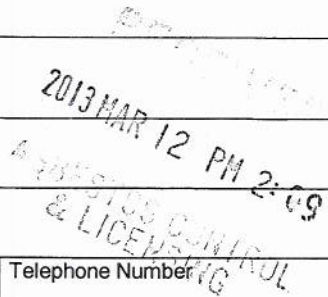
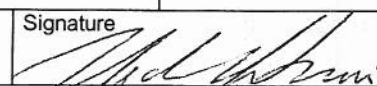
• Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) <u>3</u> / <u>7</u> / <u>13</u>		Name of Building Owner/Operator (2) Department of Transportation							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 999 Parkway Avenue							
		City, State, Zip Code Trenton, NJ 08618							
		Name of Contact Pamela Durkalski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJDOT-David J.Goldberg Transportation Complex(Fernwood Comp.)Bldg 6		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 1035 Parkway Avenue		Square Feet 17,000	# of Floors 1						
City (5) West Trenton		Bldg. Age 50							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) commercial							
Name of Monitoring Firm Hired by Building Owner (8) Whitman	ASCM No. 00110	Name of Abatement Contractor (9) Superior Abatement Inc.							
Street Address 7 Pleasant Hill Road		Street Address 2 Henderson Drive							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. (732) 390-5858	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) <u>3</u> / <u>11</u> / <u>13</u>	Scheduled Completion Date (11) <u>3</u> / <u>15</u> / <u>13</u>	Name of OSHA Monitor Superior 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
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
Exterior Soffit Below Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill						
City, State New Castle, DE		Disposal Date 3/15/2013	City, State Waynesburg, OH						
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 3-7-13						

2013 MAR 12 PM 2:09
ASBESTOS CONTROL & LICENSING
LICENSING CONTROL

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

Date of Notification (1) 3 / 7 / 13		Name of Building Owner/Operator (2) Department of Transportation							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 999 Parkway Avenue						
			City, State, Zip Code Trenton, NJ 08618						
			Name of Contact Pamela Durkalski (Dept of Treasury)	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJDOT-David J.Goldberg Transportation Complex(Fernwood Comp)Bldg21			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 1035 Parkway Avenue			Square Feet 17,000	# of Floors 1	Bldg. Age 50				
City (5) West Trenton		County (6) Mercer		County Code (7)(STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) Superior Abatement Inc.						
Street Address 7 Pleasant Hill Road		Street Address 2 Henderson Drive							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. (732) 390-5858	Telephone No. (973) 808-1616	License No. 00411					
Start Date (10) 3 / 11 / 13	Scheduled Completion Date (11) 3 / 15 / 13		Name of OSHA Monitor Superior 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 2 Henderson Drive						
			City, State, Zip Code West Caldwell, NJ 07006						
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
Exterior Soffit Below Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 3/15/2013	City, State Waynesburg, OH						
Completed By (Print or Type) Nick Petrovski	Title President	Signature 		Date 3-7-13					

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

D&S Proj. #: MS 13-78

Date of Notification (1) <u>03/10/13</u>		Name of Building Owner/Operator (2) RICHARD DRETER	
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 635 FAIRFIELD CIRCLE	
		City, State, Zip Code WESTFIELD, NJ 07090	
		Name of Contact RICHARD DRETER	Telephone Number

2013 MAR 12 PM 2:09
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICHARD DRETER			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 635 FAIRFIELD CIRCLE			Square Feet	# of Floors	Bldg. Age
City (5) WESTFIELD	County (6) UNION	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) 03/20/13	Sched. Completion Date (11) 03/30/13	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		<input checked="" type="checkbox"/>		PIPE INSULATION	38 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 03/21/13	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/07/13	

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

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

B & G proj. #: 2013-52

Check # 5811

Date of Notification (1) <u>10/13/10 18/11/13</u>		Name of Building Owner/Operator (2) Helen O'Halloran	
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 19 Washington Parkway			
City, State, Zip Code Bayonne, NJ 07002			
Name of Contact Helen O'Halloran		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Helen O'Halloran			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 19 Washington Parkway			Square Feet		
City (5) Bayonne, NJ 07002			County (6) Hudson		County Code (7) (State use only)
Name of Abatement Contractor (9) B & G Restoration, Inc.			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 Lincoln Park, NJ 07035	
City, State, Zip Code		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor B & G Restoration, Inc.	

Scheduled Start Date (10) 03/20/2013		Sched. Completion Date (11) 03/21/2013		Street Address 105 Ryerson Road	
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: _____				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 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	130 lf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1 1/2 yds		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 03/21/2013		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 03/08/2013	

00480

State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:26 and 12:120)

APPROVED
 Dept. of Health & Senior Services
 Date: 3/6/13 Time: 11:43

D&S Proj. #: 2013

Date of Notification (1)
 03/1/13

Agencies Notified

<input type="checkbox"/> EPA	<input type="checkbox"/> Initial
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment #:
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Name of Building Owner/Operator (2)
 HYACINTHE NKURUNZIZA

Street Address:
 404 EAST 39TH STREET
 City, State, & Zip Code
 PATERSON, NJ 07503

Name of Contractor (9)
 HYACINTHE NKURUNZIZA

2013 MAR 12 PM 2:09
 LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
 HYACINTHE NKURUNZIZA

Street Address
 404 EAST 39TH STREET

City (5) PATERSON County (6) PASSAIC County Code (7) (NJ 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)

Name of Monitoring Firm Hired by Bldg. Owner (8)
 ASION

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Name of Abatement Contractor (9)
 D & S RESTORATION, INC.

Street Address
 20 California Avenue

City, State, Zip Code
 Paterson, N.J. 07503

Telephone Number
 973-345-8020

License Number
 01169

Name of OSHA Monitor
 D & S Restoration, Inc.

Street Address
 26 California Avenue

City, State, Zip Code
 Paterson, NJ 07503

Start Date (10)
 03/08/13

Stop Date (11)
 03/22/13

Occupancy Status During Abatement (12) (tick only one)

Facility closed/vacated during entire period of abatement

Abatement performed on site of normal occupancy

Other-Describe: NORMAL HOME

Scope of Work (check all that apply)

>3 sf or >2 lf Renovation

>160 sf or >260 lf Demolition

Full Containment w/negative pressure

Min-enclosure

Glovebag procedure

Non-Exempted (*) and Non-friction procedure

Location of asbestos-containing material (room) to be abated in facility (13)	Description of asbestos-containing material (14)	Amount (Specify SF or LF)	R	R	E	E	N
			em	ov	pa	nc	cap
BASEMENT	PIPE INSULATION	160 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"/>

Registered Waste Remover
 D & S RESTORATION, INC.

City, State
 PATERSON, NJ 07503

Completed By (Print or Type)
 BOGDAN IOLEVIC

Name of Registered Lead
 JULY TOWN, RESOURCE RECOVERY

City, State
 MULLYTOWN, N.J.

Date
 03/06/13

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

2013 MAR 12 PM 2:09
 ASBESTOS CONTROL
 LICENSING

Date of Notification (1) 03/10/13		Name of Building Owner/Operator (2) HYACINTHE NKURUNZIZA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 404 EAST 39TH STREET	
		City, State, Zip Code PATERSON, NJ 07503	
		Name of Contact HYACINTHE NKURUNZIZA	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HYACINTHE NKURUNZIZA			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 404 EAST 39TH STREET			Square Feet	# of Floors	Bldg. Age
City (5) PATERSON	County (6) PASSAIC	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) 03/08/13	Sched. Completion Date (11) 03/22/13		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	160 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503	Disposal Date 03/11/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/06/13	

CK 004800

D&S Proj. #: MS 13-77

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

2013 MAR 12 PM 2:09
 AIR QUALITY CONTROL & LICENSING

Date of Notification (1) 10 13 / 10 16 / 1 13		Name of Building Owner/Operator (2) ENIS MAESTROGIACOMO	
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 150 CHATHAM PLACE	
		City, State, Zip Code Linden, NJ 07036	
		Name of Contact ENIS MAESTROGIACOMO	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ENIS MAESTROGIACOMO			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 150 CHATHAM PLACE			Square Feet	# of Floors	Bldg. Age
City (5) Linden	County (6) UNION	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) 03/19/13	Sched. Completion Date (11) 04/01/13	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 checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

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

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503	Disposal Date 03/20/13	City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 03/06/13	

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

Date of Notification (1) 3-8-2013		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 920 Park Ave		City, State, Zip Code Plainfield, NJ 07060				
			Name of Contact Harold Gee			Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plainfield High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 950 Park Avenue			Square Feet 125000	# of Floors 3	Bldg. Age 40+				
City (5) Plainfield		County (6) Union		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 1253 North Church St			Street Address 140 Hamburg Turnpike						
City, State, Zip Code Moorestown, NJ 08057			City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800		Telephone No. (201)710-9725	License No. 01084				
Start Date (10) 3-11-2013		Scheduled Completion Date (11) 3-12-2013		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
1st Fl. hall above ceiling rm 163/164		X		Asbestos pipe fittings	4 LF	X			
1st fl. hall above ceiling rm 163/164		X		Asbestos elbows	4 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 Michael B Solakov			Title P.M.	Signature 		Date 3-8-2013			

RECORDED
2013 MAR 12 PM 2:09
NJ DEPARTMENT OF ENVIRONMENT & LICENSING


EDS12-354

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

Page 1 of 1

Check # 1471

2013 MAR 12 PM 2:09
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3-8-2013		Name of Building Owner/Operator (2) Plainfield Public School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 Park Ave							
		City, State, Zip Code Plainfield, NJ 07060							
		Name of Contact Harold Gee	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedarbrook 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 1049 Central Ave		Square Feet 125000	# of Floors 3						
City (5) Plainfield		Bldg. Age 40+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCN No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725						
		License No. 01084							
Start Date (10) 3-8-2013 after 3 pm	Scheduled Completion Date (11) 3-8-2013	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 Bloomington, NJ 07403							
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) Gymnasium at Ceiling Level	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) Asbestos pipe Insulation	Amount (Specify SF or LF) 6 LF	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
						<input checked="" type="checkbox"/>			
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 Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.	Signature 			Date 3-8-2013			

EDS12-303

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

Page 1 of 2
 check # 1458

2013 MAR 12 PM 2:09
 AIR CONTROL & LICENSING

Date of Notification (1) 3-7-2013		Name of Building Owner/Operator (2) Ridgefield Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 Chestnut Street							
		City, State, Zip Code Ridgefield, NJ 07657							
		Name of Contact Jim Malaquias	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ridgefield Memorial High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 Walnut Avenue		Square Feet 40,000	# of Floors 2						
City (5) Ridgefield		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCN No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. 201-710-9725						
			License No. 01084						
Start Date (10) 4-5-2013	Scheduled Completion Date (11) 7-15-2013	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 FL Hallway Above Locker B-134		X		Pipe Insulation/fittings	18 LF	X			
Room 236 (Faculty)		X		Pipe Insulation/Fittings	12 LF	X			
2 FL Hallway above Locker B-269		X		Pipe Insulation/Fittings	20 LF	X			
Room 233 Work Area # 2		X		Pipe Insulation/Fittings	40 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 3-7-2013				

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

check 1458

2013 MAR 12 PM 2:09
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3-7-2013		Name of Building Owner/Operator (2) Ridgefield 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 555 Chestnut Street								
		City, State, Zip Code Ridgefield, NJ 07657								
		Name of Contact Jim Malaquias	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Slocum Skewes		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 650 Prospect Avenue		Square Feet 40,000	# of Floors 2							
City (5) Ridgefield		Bldg. Age 50+								
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc							
Street Address 1253 North Church St		Street Address 140 Hamburg Turnpike								
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. 201-710-9725							
		License No. 01084								
Start Date (10) 4-5-2013	Scheduled Completion Date (11) 4-15-2013	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 checked="" type="checkbox"/> ≥3 sf or ≥3 If <input 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 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	
Main Office		X		Asbestos Elbow	2LF	X				
Room 107		X		Asbestos Elbow	2 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 3-7-2013				

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

2013 Check # 1459

2013 MAR 12 PM 2:09
 ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 3-6-2013		Name of Building Owner/Operator (2) West New York Board of Education								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6028 Broadway Avenue								
		City, State, Zip Code West New York, NJ 07093								
		Name of Contact Rick Solares	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Harry L. Bain School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 6200 Broadway		Square Feet 40,000	# of Floors 2							
City (5) West New York		Bldg. Age 60+								
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) BSG		ASCM No. 017	Name of Abatement Contractor (9) GL Group, Inc							
Street Address 611 Industrial Way		Street Address 140 Hamburg Turnpike								
City, State, Zip Code West Eatontown, NJ 07724		City, State, Zip Code Bloomingdale, NJ 07403								
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 908-497-9103	Telephone No. 201-710-9725							
			License No. 01084							
Start Date (10) 3-29-2013	Scheduled Completion Date (11) 4-8-2013	Name of OSHA Monitor GL Group, Inc								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Boiler Room	X			Boiler #1, ACM Rope	120LF	X				
Boiler Room	X			ACM Bricks	2 Cubic Yards	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 03-6-2013				

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

CK 4358

RECEIVED
 2013 MAR 12 PM 2:09
 LICENSE # 071080

Date of Notification (1) 3/7/13		Name of Building Owner/Operator (2) PSE + G	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 SOUTH PLAINFIELD, NJ 07080	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact LAUREN THOMAS	Telephone Number 908-710-1101

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE + G		Type of Facility (4)	
Street Address 751 CLIFF ROAD		<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) SEWAREN		Square Feet N/A	# of Floors N/A
County (6) MIDDLESEX		Bldg. Age N/A	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SWITCH STATION	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 Broad St		Street Address 396 WHITEHEAD AVE		
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 3/25/13	Scheduled Completion Date (11) 3/25/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.		
<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: OUTSIDE		City, State, Zip Code SOUTH RIVER, NJ 08882		

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 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
OUTSIDE BREAKER		X		ACM SOCK	4 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste LESS THAN 1	Name of Registered Landfill GROWS	
City, State ELIZABETH, NJ		Disposal Date 3/1/13		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO	Title OFFICE	Signature Carol Raimo		Date 3/7/13	

OK 520481

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

RECEIVED
2013 MAR 12 PM 2:09
AIR QUALITY CONTROL & LICENSING

Date of Notification (1) 03/11/2013		Name of Building Owner/Operator (2) Eaton Cooper	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 600 Travis, Suite 5600	
		City, State, Zip Code Houston, TX 77002-1001	
		Name of Contact Nelson Olavarria	Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooper Notification Facility			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 273 Branchport Avenue			Sq. Feet 12000 # of Floors 1	
City (5) Long Branch	County (6) Monmouth	County Code (7) (State Use Only)	Bldg. Age 50+/- _____ Current Use (prior if being demolished) Former Factory	
Name of Monitoring Firm Hired by Bldg. Owner (8) Precision Environmental, Inc.		ASCM No.	Name of Contractor (9) NCM Demolition and Remediation, LP	

Street Address 36-15 23 rd Street		Street Address 395 Turner Industrial Way		
City, State, Zip Code Long Island City, NY 11106		City, State, Zip Code Aston, PA 19014		
Project Manager for Monitoring Firm Michael Parpounas	Telephone Number 718-383-2626	Telephone Number 484-480-8931	License Number 01006	

Scheduled Start Date (10) 03/18/13	Scheduled Completion Date (11) 04/05/2013	Name of OSHA Monitor Testor Technology, Inc.
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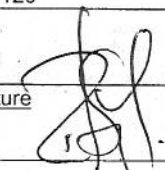
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Occupants moved to adjacent area _____ Other - Describe _____		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101		
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Source of Work (Check all that apply)

() Demolition (X) Renovation
 (X) Large Proj. (>160 SF or >260 LF ACM) () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM)
 () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
1 st Floor	X			Pipe	720 LF	X			
1 st Floor	X			Transite - Exhaust Duct	120 SF	X			

Name of Reg. Waste Hauler Service Transport Group	NJDEP Waste Hauler ID # 20990	Cubic Yards of Waste 120	Name of Reg. Landfill Minerva
City, State New Castle, DE	Disp. Date 04/05/2013	City, State Waynesboro, OH	

Completed by (Print or Type) Richard P. Semega, Jr.	Title Branch Manager	Signature 	Date 03/11/2013
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK #
8521
2013 MAR 13

Date of Notification (1) 3-9-13		Name of Building Owner/Operator (2) Anthony D'Aniello	
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 150 North 9th AVE	
		City, State, Zip Code Manville NJ 08835	
		Name of Contact Anthony D'Aniello	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4)	
Street Address 150 North 9th 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) Manville NJ 08835		Square Feet	# of Floors 1
County (6) Somerset		Bldg. Age 60+-	
County Code (7) Somerset		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337		
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533		
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394
Start Date (10) 3-22-13	Scheduled Completion Date (11) 3-22-13		Name of OSHA Monitor EPC Technologies	

Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337	
<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 New Egypt NJ 08533	

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 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
Basement	X			Pipe Insulation	100 LF	X			
Basement	X			Transite Panels	600 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	
City, State New Egypt NJ		Disposal Date 3-25-13		City, State Morrisville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 3-9-13	

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

Check # 8520

Date of Notification (1) 3-9-13		Name of Building Owner/Operator (2) Franchi Demolition + Excavating 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 P.O. Box 734								
		City, State, Zip Code Camden NJ 08101		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 121 Linden Ave			Square Feet	# of Floors 2	Bldg. Age 80+-							
City (5) Haddonfield NJ 08033		County (6) Camden		County Code (7) (STATE USE ONLY) _____								
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		City, State, Zip Code New Egypt NJ 08533	Telephone No. 609 758-3365	Telephone No. 609 758-3365	License No. 00394							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Name of OSHA Monitor EPC Technologies									
Start Date (10) 3-19-13	Scheduled Completion Date (11) 3-29-13		Street Address P.O. Box 337									
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 New Egypt NJ 08533									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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			
									Removal	Repair	Encapsulate	Enclosure
Exterior Walls		X			Siding Shingles		3000 SF		X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 15		Name of Registered Landfill Waste Management of PA						
City, State New Egypt NJ		Disposal Date 3-29-13		City, State Moerisville PA								
Completed by Steve Schenker		Title President		Signature Steve Schenker			Date 3-9-13					

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

Checked
8522

2013 MAR

Date of Notification (1) 3-9-13		Name of Building Owner/Operator (2) Richard Bartolucci								
Agencies Notified	Type Notification	Street Address								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	38 Anderson Street City, State, Zip Code Baritan NJ 08869 Name of Contact Richard Bartolucci								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4)								
Street Address 38 Anderson Street		<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) Baritan NJ 08869		Square Feet	# of Floors 2							
County (6) Somerset		Bldg. Age 60+								
County Code (7) Somerset		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337								
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533								
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394							
Start Date (10) 3-25-13	Scheduled Completion Date (11) 3-26-13		Name of OSHA Monitor EPC Technologies							
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: _____		P.O. Box 337								
		City, State, Zip Code New Egypt NJ 08533								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	170 LF	X				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Morrisville Waste Management						
City, State New Egypt NJ		Disposal Date 3-27-13	City, State Morrisville PA							
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 3-9-13						

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

**Check #
1458**

2013 MAR 12 PM 2:09
ASBESTOS
& LICENSE

Date of Notification (1) 03/08/2013		Name of Building Owner/Operator (2) MIA HALLINGBY	
Agencies Notified	Type Notification	Street Address 627 OLD DEERFIELD PIKE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRIDGETON, NJ 08302	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact MIA HALLINGBY	
		Telephone Number	

FACILITY INFORMATION

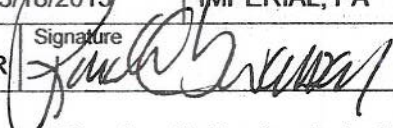
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)	
Street Address 627 OLD DEERFIELD PIKE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) BRIDGETON	Square Feet 2000	# of Floors 2	Bldg. Age 100+
County (6) CUMBERLAND	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No. _____	
Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		ASCM No. _____	
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN	
City, State, Zip Code PAULSBORO, NJ 08066		City, State, Zip Code MULLICA HILL, NJ 08062	
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711	Telephone No. 610-304-4676
		License No. 01145	
Start Date (10) 03/12/2013	Scheduled Completion Date (11) 03/17/2013	Name of OSHA Monitor EMSL	

Occupancy Status During Abatement (Check Only One)	Street Address 200 RT. 130 NORTH
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	City, State, Zip Code CINNAMINSON, NJ 08077
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	
<input type="checkbox"/> Other - Describe: _____	

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

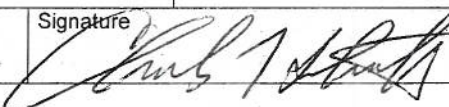
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR			X	FLOOR TILE	210 SF	X			
2ND FLOOR			X	FLOOR TILE	138 SF	X			
CRAWL SPACE/BASEMENT			X	PIPE INSULATION	250 LF	X			

Name of Registered Waste Hauler NETS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL
City, State HAZLETON, PA	Disposal Date 03/18/2013	City, State IMPERIAL, PA	
Completed by RON SWANSON	Title PROJECT COORDINATOR	Signature 	Date 03/08/2013

OK
21790

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

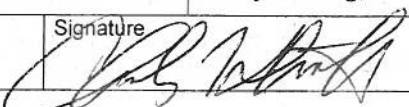
2013 MAR 12 PM 2:59
ASBESTOS LICENSING

Date of Notification (1) 03 / 06 / 13		Name of Building Owner/Operator (2) The State of New Jersey-The Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave-CN600							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact James Britton		Telephone Number 1					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			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 295, 42/176-Section 10 Parcel 19-904 Bell Rd			Square Feet 1250						
City (5) Mount Ephraim			# of Floors 1.5	Bldg. Age 50+					
County (6) Camden		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Bromley Corp Center		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address Three Terri Lane		Street Address 500 East Luzerne Street							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm John R Lutz		Telephone No. 609-386-8800	Telephone No. 215-739-8166	License No. 00646					
Start Date (10) 03 / 21 / 13	Scheduled Completion Date (11) 04 / 30 / 13		Name of OSHA Monitor SAME AS ABOVE						
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: 7AM-4PM/ _____ PM- _____ AM			Street Address						
			City, State, Zip Code						
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 checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of the House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Shingle Siding	1,780 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall in Crawspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Corrugated Wall Panel	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Fl East Side Bedroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12" X 12" White Floor Tile	180 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"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 10	Name of Registered Landfill Minerva					
City, State Philadelphia, PA 19124		Disposal Date 5/1/13	City, State Waynesburg, OH 44688						
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager	Signature 		Date 03/06/13				

OK 21788

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

2013 MAR 12 PM 2:09
NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION
2. LICENSING

Date of Notification (1) <u>03</u> / <u>06</u> / <u>13</u>		Name of Building Owner/Operator (2) The State of New Jersey-The Department of Transportation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave-CN600							
		City, State, Zip Code Trenton, NJ 08625							
		Name of Contact James Britton		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home			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 295, 42/176-Section 10 Parcel 8-48 Essex Avenue			Square Feet # of Floors Bldg. Age 1250 1.5 50+						
City (5) Bellmawr		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Bromley Corp Center		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address Three Terri Lane		Street Address 500 East Luzerne Street							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm John R Lutz		Telephone No. 609-386-8800		Telephone No. 215-739-8166					
Start Date (10) <u>03</u> / <u>21</u> / <u>13</u>		Scheduled Completion Date (11) <u>04</u> / <u>30</u> / <u>13</u>		License No. 00646					
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: <u>7AM-4PM</u> / <u> </u> PM - <u> </u> AM		Name of OSHA Monitor SAME AS ABOVE							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor Porch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" Black Floor Tile	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Porch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" White Floor Tile	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" X 9" Beige Floor Tile	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste 10	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124		Disposal Date 5/1/13		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 03/06/13			

OK 21789

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

2013 MAR 12 PM 2:00
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03 / 06 / 13		Name of Building Owner/Operator (2) The State of New Jersey-The Department of Transportation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave-CN600	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact James Britton	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		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 295, 42/176-Section 10 Parcel 11-44 Essex Avenue		Square Feet 1250	# of Floors 1.5
City (5) Bellmawr		Bldg. Age 50+	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc. Bromley Corp Center	ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation	
Street Address Three Terri Lane		Street Address 500 East Luzerne Street	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Philadelphia, PA 19124	
Project Manager for Monitoring Firm John R Lutz	Telephone No. 609-386-8800	Telephone No. 215-739-8166	License No. 00646

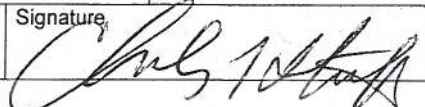
Start Date (10) 03 / 21 / 13	Scheduled Completion Date (11) 04 / 30 / 13	Name of OSHA Monitor SAME AS ABOVE	
--	---	--	--

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: 7AM-4PM/ _____ PM- _____ AM	Street Address
	City, State, Zip Code

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 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
Ground Floor Utility Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heater Unit Packing	1 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Floor Utility Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heater Unit Gasket	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Diamond Huntbach Construction	NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 10	Name of Registered Landfill Minerva
City, State Philadelphia, PA 19124		Disposal Date 5/1/13	City, State Waynesburg, OH 44688
Completed By (Print or Type) Charles F. Imbimbo	Title Project Manager	Signature 	Date 03/06/13

* 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)**

2013 MAR 12 PM 2:09
456-211-1111
CONTROL & LICENSING

Date of Notification (1) 03/06/13 Ck# 2509 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 Blackburn Road	
		City, State, Zip Code Summit, New Jersey 07901	
		Name of Contact John Daura	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child, Grace Hall		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 44 Blackburn Road		Square Feet 20,000	# of Floors 2
City (5) Summit, New Jersey 07901		Bldg. Age	
County (6) Union	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. 908-497-8900	Telephone No. 973-225-8400	License No. 01104

Start Date (10) 03/28/13	Scheduled Completion Date (11) 04/01/13	Name of OSHA Monitor J&S Environmental Labs		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 3pm Start		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, New Jersey 07083		

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 If	<input 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 checked="" type="checkbox"/> Glovebag Procedure
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Music Room		X		Tan Layered Wafer Insulation	35 LF	X			
Music Room		X		White Matrix Block	15 LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 04/03/13		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 03/06/13

#2721

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

2013 MAR 12 PM 2:09
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/07/2013		Name of Building Owner/Operator (2) Borough Highland Park								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 221 South 5th Ave.								
		City, State, Zip Code Highland Park NJ 08904								
		Name of Contact Scott Lutuman	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Police Station		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 222 South 5th Ave.		Square Feet	# of Floors							
City (5) Highland Park		Bldg. Age								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Police - Fire Station								
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No. 00100	Name of Abatement Contractor (9) Savic Construction Corp							
Street Address 1805 Atlantic Avenue		Street Address 205 Route 46 Suite 15								
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm Jason P. Hooper		Telephone No. 732-223-2225	Telephone No. 973-339-9735							
		License No. 01034								
Start Date (10) 03/11/2013	Scheduled Completion Date (11) 03/22/2013	Name of OSHA Monitor Savic Construction Corp								
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: 3pm to 11pm		Street Address 205 Route 46 Suite 15								
		City, State, Zip Code Totowa, NJ 07512								
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	
entrance, corridors, offices and lung		X		VAT	2,360 SF	x		x		
Rooftop			X	perimeter flashing tar	1000 SF	x		x		
Hallway - adjacent offices		X		TSI - wet/wrap/cut	1,360 LF	x				
Entrance lobby		X		caulk on brick and windows	55 LF	x				
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253	Cubic Yards of Waste 10 yr	Name of Registered Landfill GROWS						
City, State Totowa NJ		Disposal Date		City, State Morrisville, PA						
Completed by Milos Savic		Title Project Manager		Signature 			Date 03/07/2013			

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

Check# 1593

Date of Notification (1) 03 / 08 / 13		Name of Building Owner/Operator (2) Lauren Dayton	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Laurel Avenue	
	City, State, Zip Code Tenafly, NJ 07670		
	Name of Contact Lauren Dayton		
	Telephone Number		

2013 MAR 12 PM 2:09
ASBESTOS ABATEMENT & LICENSING

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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 15 Laurel Avenue		Square Feet	# of Floors
City (5) Tenafly, NJ 07670		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) 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 / 18 / 13	Scheduled Completion Date (11) 03 / 19 / 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 type="checkbox"/> Clean up and decontamination
<input 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 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"/>	Boiler insulation	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 03/08/2013

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

Date of Notification (1) 03/08/13 Name of Building Owner/Operator (2) New Jersey Institute of Technology

Agencies Notified: EPA, DEP, DOL, DOH, DCA
 Type Notification: Initial Notification, Amended Notification, Cancellation

Street Address: 323 Dr. Martin Luther King, Jr. Boulevard
 City, State, Zip Code: Newark, NJ 07102
 Name of Contact: Michael Thompson Telephone Number: _____

2013 MAR 12 PM 2:09
 LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Institute of Technology - Central King Building
 Street Address: 345-361 Dr. Martin Luther King Jr. Boulevard
 City (5) Newark, NJ 07102 County (6) Essex County Code (7) (STATE USE ONLY) _____

Type of Facility (4): School (K-12), Subchapter 8 (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)
 Square Feet: 50,000 # of Floors: 4 Bldg. Age: 45
 Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc. ASCM No. 000117
 Street Address: 318 12th Street City, State, Zip Code: Hammonton, NJ 08037-1352

Name of Abatement Contractor (9) Four Strong Builders, Inc.
 Street Address: 180 Sargeant Avenue City, State, Zip Code: Clifton, NJ 07013-1935
 Telephone Number: 973-614-0377 License Number: 00807

Project Manager for Monitoring Firm Jim Proctor Telephone Number 609-704-8850
 Scheduled Start Date (10) 03/18/13 Sched. Completion Date (11) 03/25/13
 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: _____

Name of OSHA Monitor: Four Strong Builders, Inc.
 Street Address: 180 Sargeant Avenue City, State, Zip Code: Clifton, NJ 07013

Scope of Work (Check all that apply): Demolition, Renovation, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R	E	E	E
Basement - Storage Room	<input checked="" type="checkbox"/>	Plaster Ceiling	100 SF	<input checked="" type="checkbox"/>			
Between 3rd & 4th floor - Stair Tower #1	<input checked="" type="checkbox"/>	Plaster Walls	200 SF	<input checked="" type="checkbox"/>			
Basement thru 4th floor - Air Shaft	<input checked="" type="checkbox"/>	Plaster Walls/Diversters	350 SF	<input checked="" type="checkbox"/>			
4th floor - Air Shaft	<input checked="" type="checkbox"/>	Plaster Walls and Ceilings	800 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Four Strong Builders, Inc. NJDEP Waste Hauler ID No. 12609 Cubic Yards of Waste _____ Name of Registered Landfill G.R.O.W.S., Inc. City, State Tullytown, PA

Disposal Date: TBD

Completed By (Print or Type) Nick Zivkovic Title President Signature [Signature] Date 3/8/13

Date of Notification (1) 03/08/13 Name of Building Owner/Operator (2) New Jersey Institute of Technology

Agencies Notified: EPA, DEP, DOL, DOH, DCA
 Type Notification: Initial Notification, Amended Notification, Cancellation

Street Address: 323 Dr. Martin Luther King, Jr. Boulevard
 City, State, Zip Code: Newark, NJ 07102

Name of Contact: Michael Thompson Telephone Number: _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Jersey Institute of Technology - Central King Building
 Street Address: 345-361 Dr. Martin Luther King Jr. Boulevard
 City (5) Newark, NJ 07102 County (6) Essex County Code (7) (STATE USE ONLY) _____

Type of Facility (4): School (K-12), Subchapter 8 (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)
 Square Feet: 50,000 # of Floors: 4 Bldg. Age: 45
 Current Use (Prior if being demolished): School

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc. ASCM No. 000117
 Street Address: 318 12th Street
 City, State, Zip Code: Hammonton, NJ 08037-1352

Name of Abatement Contractor (9) Four Strong Builders, Inc.
 Street Address: 180 Sargeant Avenue
 City, State, Zip Code: Clifton, NJ 07013-1935
 Telephone Number: 973-614-0377 License Number: 00807

Project Manager for Monitoring Firm Jim Proctor Telephone Number: 609-704-8850
 Name of OSHA Monitor: Four Strong Builders, Inc.
 Street Address: 180 Sargeant Avenue
 City, State, Zip Code: Clifton, NJ 07013

Scheduled Start Date (10) 03/18/13 Sched. Completion Date (11) 03/25/13
 Month / Day / Year Month / Day / Year

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: _____

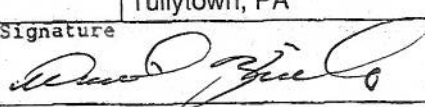
Scope of Work (Check all that apply)

- Demolition
 >3 sf or >3 lf
 >160 sf or >260 lf
- Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
4th & 3rd floor - various locations	<input checked="" type="checkbox"/>	VAT and mastic	8,000 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler: Four Strong Builders, Inc. NJDEP Waste Hauler ID No.: 12609 Cubic Yards of Waste: _____ Name of Registered Landfill: G.R.O.W.S., Inc.
 City, State: Clifton, NJ Disposal Date: TBD City, State: Tullytown, PA

Completed By (Print or Type): Nick Zivkovic Title: President Signature:  Date: 3/8/13

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

Date of Notification (1) March 8, 2013		Name of Building Owner/Operator (2) Mike Tecza	
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 1826 Compass Court
			City, State, Zip Code Toms River, NJ 08753
			Name of Contact Mike Tecza

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 1826 Compass Court			Square feet 1200 sf		
City Toms River			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)		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	
Scheduled Start Date (10) 3/11/13		Scheduled Completion Date (11) 3/12/13		License Number 00624	
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 E.M.S.L. Analytical		
			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) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E 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	1150 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 1/31/13		City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 3/8/2013

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 8, 2013		Name of Building Owner/Operator (2) DeForest Demolition <i>a 21342</i>	
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 2406 Herbertsville Road
			City, State, Zip Code Point Pleasant, NJ 08742
			Name of Contact Dane

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 423 Beach Front			Square feet 1500 sf	# of Floors 2	Bldg. Age 60
City Manasquan	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	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) 3/11/13	Scheduled Completion Date (11) 3/12/13		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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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		
			<input 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) 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	N	C	L	O			
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 3/13/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 3/8/2013

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

6348-NJ

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

Notification Check # 5310

Date of Notification (1) 03/08/13

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

Street Address 2 Cedar Street

City, State, Zip Code Newark, NJ 07102

Name of Contact Doug Bland Telephone Number _____

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

Type Notification: Initial Notification, Amended Notification, Cancellation

2013 MAR 12 PM 2:59
DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newton Street Elementary School

Street Address 150 Newton Street

City (5) Newark, NJ 07102 County (6) Essex County Code (7) (STATE USE ONLY) _____

Type of Facility (4) School (K-12), Subchapter 8 (Other than K-12), Other (i.e., private & commercial buildings, homes, etc.)

Square Feet 60,000 # of Floors 3 Bldg. Age 60

Current Use (Prior if being demolished) School

Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies, Inc. ASCM No. 00110

Street Address 7 Pleasant Valley Road

City, State, Zip Code Cranbury, NJ 08512

Name of Abatement Contractor (9) Four Strong Builders, Inc.

Street Address 180 Sargeant Avenue

City, State, Zip Code Clifton, NJ 07013-1935

Project Manager for Monitoring Firm Kevin Lovely Telephone Number 732-390-5858

Scheduled Start Date (10) 03/22/13 Sched. Completion Date (11) 03/25/13

Telephone Number 973-614-0377 License Number 00807

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement

Name of OSHA Monitor Four Strong Builders, Inc.

Street Address 180 Sargeant Avenue

City, State, Zip Code Clifton, NJ 07013

Scope of Work (Check all that apply): Demolition, Renovation, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	M	O	V	A			
Basement - Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	550 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"/>

Name of Registered Waste Hauler Four Strong Builders, Inc. NJDEP Waste Hauler ID No. 12609 Cubic Yards of Waste TBD Name of Registered Landfill G.R.O.W.S., Inc.

City, State Clifton, NJ Disposal Date TBD City, State Tullytown, PA

Completed By (Print or Type) Nick Zivkovic Title President Signature [Signature] Date 3/8/13

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CK # 10174
2013 MAR 12 PM 2:59
LICENSING

Date of Notification (1) March 8, 2013		Name of Building Owner/Operator (2) Hess/ HA Fernet Inc.	
Agencies Notified EPA DCA x DOL x DEP x DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1672 Route 88		Street Address 32 Kulick Road	
City (5) Brick		City, State, Zip Code Fairfield, New Jersey 07004	
County (6) Ocean		Name of Contact Randy Mitchell	
County Code (7) (State Use Only)		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Station # 30279		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 1672 Route 88		Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 50 years	
City (5) Brick		Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Butler, NJ 07405	
Telephone Number 973-636-9145		Telephone Number 973-492-0477	
Scheduled Start Date (10) March 26, 2013		License Number 00840	
Scheduled Completion Date (11) April 6, 2013		Name of OSHA Monitor EMSL inc.	
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: Vacant		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
1 st floor		<input checked="" type="checkbox"/> VAT & Mastic	220 SF
Roof		<input checked="" type="checkbox"/> Built up Roofing	120 SF
Roof		<input checked="" type="checkbox"/> Flashing & Penetrations	235 SF
Exterior		<input checked="" type="checkbox"/> Transite	420 SF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date April 6, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			9000 Minerva Road Waynesburg, OH
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date March 8, 2013

GAC # 2013-370 Please Note: New Start Date & Completion Date

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CK # 10174

2013 MAR 12 PM 2:09
LICENSING

Date of Notification (1) March 8, 2013		Name of Building Owner/Operator (2) Hess/ HA Fernet Inc.	
Agencies Notified EPA DCA x DOL x DEP x DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1672 Route 88		Street Address 32 Kulick Road	
City (5) Brick		City, State, Zip Code Fairfield, New Jersey 07004	
County (6) Ocean		Name of Contact Randy Mitchell	
County Code (7) (State Use Only)		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hess Station # 30279		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 1672 Route 88		Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 50 years	
City (5) Brick		Current Use (prior if being demolished):	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Fairlawn, NJ 07410		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Fred Larson		City, State, Zip Code Butler, NJ 07405	
Telephone Number 973-636-9145		Telephone Number 973-492-0477	
Scheduled Start Date (10) March 26, 2013		License Number 00840	
Scheduled Completion Date (11) April 6, 2013		Name of OSHA Monitor EMSL inc.	
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: Vacant		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		<input 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)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
1 st floor		<input checked="" type="checkbox"/> VAT & Mastic	220 SF
Roof		<input checked="" type="checkbox"/> Built up Roofing	120 SF
Roof		<input checked="" type="checkbox"/> Flashing & Penetrations	235 SF
Exterior		<input checked="" type="checkbox"/> Transite	420 SF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date April 6, 2013	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591		9000 Minerva Road Waynesburg, OH	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date March 8, 2013

GAC # 2013-370 Please Note: New Start Date & Completion Date

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

OK 2554

Date of Notification (1) 3-6-13

Name of Building Owner/Operator (2) City of Atlantic City

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

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

Street Address: 1301 BACHMANACH BLVD

City, State, Zip Code: Atlantic City NJ 08401-4803

Name of Contact: Bar Steve Anthony

Telephone Number: 609-441-4001

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident

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

Street Address: 412 Wistar Place

City (5): Atlantic City

Square Feet: 2500, # of Floors: 3, Bldg. Age: 70

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): Am Joe LLC

Street Address: 1212 Burlington Ave

City, State, Zip Code: Delanco NJ 08025

Project Manager for Monitoring Firm: , Telephone No.:

Telephone No.: 609-824-6971, License No.: 21076

Start Date (10): 3-7-13, Scheduled Completion Date (11): 3-15-13

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

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	Repair	Enclosure
<u>2 Bathrooms</u>				<u>(ACM) Ceiling</u>	<u>425F</u>	<input checked="" type="checkbox"/>		
<u>2 Bathrooms</u>				<u>ACM tile</u>	<u>425F</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler: Jack Robinson, NJDEP Waste Hauler ID No.: 363401

Cubic Yards of Waste: 1, Name of Registered Landfill: Wickor

City, State: Bellmore NJ, Disposal Date: TBD, City, State: Bellmore NJ

Completed by: J Hill, Title: , Signature: J Hill, Date: 3-6-13

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

MO 280001999

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

2013 MAR 12 PM 2:09
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/04/13		Name of Building Owner/Operator (2) Chad Sadaka	
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 83 Clinton Ave	
		City, State, Zip Code Westwood, NJ 07675	
		Name of Contact Chad Sadaka	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 83 Clinton Ave		Square Feet N/A	# of Floors N/A
City (5) Westwood		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) 3/22/13	Scheduled Completion Date (11) 3/23/13	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

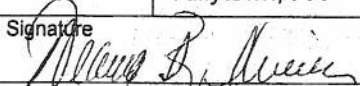
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	45 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 3/04/13	

OK 1318680

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

2013 MAR 12 PM 2:09
ASBESTOS ABATEMENT & LICENSING

Date of Notification (1) 3/04/13		Name of Building Owner/Operator (2) Jerry O'Donnell								
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 18 Sunset Terrace								
		City, State, Zip Code Maplewood, NJ 07040								
		Name of Contact Jerry O'Donnell	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 18 Sunset terrace		Square Feet N/A	# of Floors N/A							
City (5) Maplewood		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) 3/19/13	Scheduled Completion Date (11) 3/20/13	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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement		X		pipe insulation	71 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 3/04/13						

OK 2835710

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

2013 MAR 12 PM 2:09
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/04/13		Name of Building Owner/Operator (2) John Volz	
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 27 Coolidge Road City, State, Zip Code Maplewood, NJ 07040 Name of Contact John Volz 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 27 Coolidge Road		Square Feet N/A	# of Floors N/A
City (5) Maplewood		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) 3/19/13	Scheduled Completion Date (11) 3/20/13	Name of OSHA Monitor D&S Abatement, Inc.
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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) <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	31 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 3/04/13

APPROVED
 NJ Dept. of Health & Senior Services
 (signature)
 Date: 3/8/13 Time: 2:00

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

2013 MAR 12 PM 2:00
 Check # 8114

Date of Notification (1) <u>3/8/13</u>		Name of Building Owner/Operator (2) <u>BAYONE RX DEVELOPMENT</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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1084 EAST 53RD STREET</u>								
		City, State, Zip Code <u>BAYONNE, NJ 07002</u>								
		Name of Contact <u>DAVE</u>	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <u>BAYONE RX DEVELOPMENT</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>1084 EAST 53RD ST.</u>		Square Feet <u>600</u>	# of Floors <u>2</u>							
City (5) <u>BAYONNE</u>		Bldg. Age <u>60</u>								
County (6) <u>HUNTSVILLE</u>		Current Use (Prior to being demolished) <u>OFFICE / DEMO</u>								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
Street Address		Street Address <u>105 Lowell Road</u>								
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>								
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>							
Start Date (10) <u>3/10/13</u>	Scheduled Completion Date (11) <u>3/11/13</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>								
		City, State, Zip Code <u>Hackensack, NJ 07606</u>								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) <u>ROOF</u>	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) <u>ROOFING</u>	Amount (Specify SF or LF) <u>600 SF</u>	Abatement Type				
						Removal	Repair	Encapsulate	Enclosure	
			X			X				
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>						
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>3/9/13 04</u>		City, State <u>Bethlehem, PA 18015</u>						
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature 	Date <u>3/8/13</u>						

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

Check #
1459

2013 MAR 12 PM 2:09
ASBESTOS ABATEMENT & LICENSING DIVISION

Date of Notification (1) 03/08/2013		Name of Building Owner/Operator (2) RANCH HOPE	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 37 SAWMILL ROAD	
		City, State, Zip Code ALLOWAY, NJ 08001	
		Name of Contact DAVID BAILEY JR.	Telephone Number 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) EMD COTTAGE F		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 37 SAWMILL ROAD		Square Feet 4250	# of Floors 1
City (5) ALLOWAY, NJ 08001		Bldg. Age 30+	
County (6) SALEM	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL	

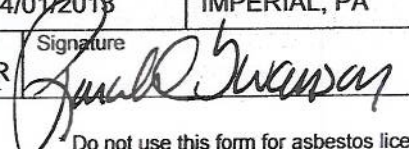
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1634 S DELAWARE STREET		Street Address 570 CLEMS RUN		
City, State, Zip Code PAULSBORO, NJ 08066		City, State, Zip Code MULLICA HILL, NJ 08062		
Project Manager for Monitoring Firm ED KEEGAN	Telephone No. 856-423-5711	Telephone No. 610-304-4676	License No. 01145	

Start Date (10) 03/18/2013	Scheduled Completion Date (11) 03/30/2013	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 RT. 130 NORTH		
		City, State, Zip Code CINNAMINSON, NJ 08077		

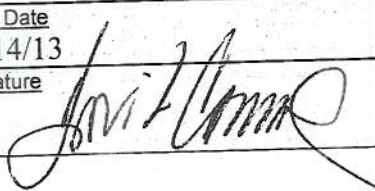
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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 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
FIRST FLOOR			X	SHEET FLOORING	3100 SF	X			
FIRST FLOOR			X	MASTIC	3148 SF	X			
FIRST FLOOR			X	FLOOR TILE	48 SF	X			

Name of Registered Waste Hauler NETS	NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ALLIED WASTE IMPERIAL LANDFILL	
City, State HAZLETON, PA		Disposal Date 04/01/2013	City, State IMPERIAL, PA	
Completed by RON SWANSON	Title PROJECT COORDINATOR	Signature 	Date 03/08/2013	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 03/08/13		Name of Building Owner/Operator (2) 13 Emery Avenue Llc						
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 1 Howe Ave						
		City, State, Zip Code Passaic, NJ 07055						
		Name of Contact Robert D. Rieselman	Tel. Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial 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 13 Emery Avenue		Sq. Feet: 19,552						
City (5) Randolph	County (6) Morris	County Code (7) (State Use Only)	# of Floors: 2 Bldg. Age: 31					
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) 03/11/13	Scheduled Completion Date (11) 03/14/13	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 will be 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) () Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)		() Full Containment with Negative Pressure () Mini-Enclosure () Glove-bag 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 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
Bathrooms		X	Mastic on concrete floors	780 SQFT	X			
Mechanical room		X	Mastic on concrete floors	155 SQFT	X			
Roof			Roof flashing	15 SQFT	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 03/14/13	City, State BETHLEHEM, PA 18015					
Completed by (Print or Type) David Camacho		Title Project Supervisor	Signature 	Date 03/08/13				

2013 MAR 12 PM 2:00
LICENSING

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

Date of Notification (1) 2-20-2013		Name of Building Owner/Operator (2) Dragana Mucic	
Agencies Notified	Type Notification	Street Address 7 Woodland Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Dragana Mucic	Telephone Number 1
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

2013 MAR 12 PM 2:59
& 11:55 AM 1/10/13

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address 7 WOODLAND AVENUE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) MONTCCLAIR	County (6) Essex ESSEX	County Code (7) (STATE USE ONLY)	Square Feet 2800	# of Floors 3	Bldg. Age 93
			Current Use (Prior if being demolished)		

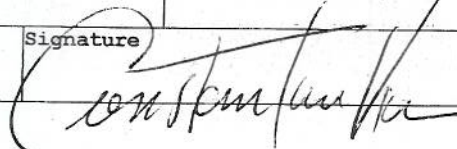
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A		Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 3-1-2013	Sched. Completion Date (11) 3-4-2013		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»			City, State, Zip Code		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

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	R	E	E	
Basement			X	PIPE INSULATION	135 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 3-5-2013	City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 2-20-2013
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No check

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

RECEIVED
 2013 MAR 12 PM 2:09
 AIR QUALITY CONTROL
 LICENSING

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>02</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1260 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Richard Fernicola	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		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 182 Tabor Road		Square Feet 400,000	# of Floors 2
City (5) Morris Plains		Bldg. Age 50+	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned	

Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Laboratories LLC	ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.	
Street Address 2333 Route 22 West		Street Address 163 Sargeant Avenue	
City, State, Zip Code Union, NJ 07081		City, State, Zip Code Clifton, NJ 07013	
Project Manager for Monitoring Firm Sherrill Gelsomino	Telephone No. 908-206-0073	Telephone No. 973-689-6281	License No. 01099

Start Date (10) 02/04/13	Scheduled Completion Date (11) 05/10/13	Name of OSHA Monitor J&S Environmental Laboratories LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07081	

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			

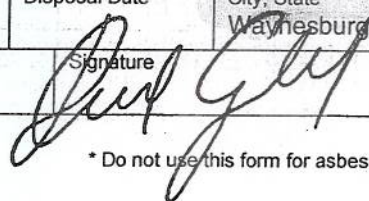
Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State New Castle, Delaware		Disposal Date	City, State Waynesburg, Ohio
Completed by Dimo Golcev	Title General Manger	Signature 	Date 03/06/13

**State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet**

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Interior Roof Flashing Mat Associated w/ Roof Expansion Joints	11,800 SF	X			
Roof		X		Pitch Pockets	50 SF	X			
Roof		X		Roof Membrane	27,000 SF	X			
1st and 2nd Floors		X		Floor Mastic	99,900 SF	X			
1st Floor		X		Floor Tile and Mastic	18,615 SF	X			
1st Floor		X		Back Tile Sealant on Inside of Exterior Wall	1,420 SF	X			
1st Floor		X		Transite Hood	820 SF	X			
1st Floor		X		Radiator Paper	500 SF	X			
1st Floor		X		Plaster Ceiling	200 SF	X			
Roof		X		Roofing Material (other)	1,800 SF	X			
Roof		X		Tar/Aluminum Jacketing on HVAC	19,000 SF	X			
Roof		X		Magnesium Black Pipe Insulation	250 LF	X			
1st Floor		X		Brown&White Linoleum	500 SF	X			

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

RECEIVED
2013 MAR 12 PM 2:59
REGISTRATION & LICENSING

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1260 Stelton Road		Telephone Number 				
			City, State, Zip Code Piscataway, NJ 08854						
			Name of Contact Richard Fernicola						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility				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 182 Tabor Road				Square Feet 400,000	# of Floors 2				
City (5) Morris Plains				Bldg. Age 50+					
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street			Street Address 163 Sargeant Avenue						
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Clifton, NJ 07013						
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281	License No. 01099					
Start Date (10) 02/04/13		Scheduled Completion Date (11) 04/05/13		Name of OSHA Monitor J&S Environmental Laboratories LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07081						
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 checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware			Disposal Date	City, State Waynesburg, Ohio					
Completed by Dimo Golcev		Title General Manger	Signature 		Date 02/18/13				

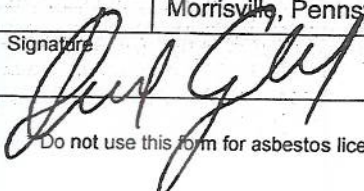
**State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet**

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2013 MAR 12 PM 2:09
LICEN

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Interior Roof Flashing Mat Associated w/ Roof Expansion Joints	11,800 SF	X			
Roof		X		Pitch Pockets	50 SF	X			
Roof		X		Roof Membrane	27,000 SF	X			
1st and 2nd Floors		X		Floor Mastic	99,900 SF	X			
1st Floor		X		Floor Tile and Mastic	18,615 SF	X			
1st Floor		X		Back Tile Sealant on Inside of Exterior Wall	1,420 SF	X			
1st Floor		X		Transite Hood	820 SF	X			
1st Floor		X		Radiator Paper	500 SF	X			
1st Floor		X		Plaster Ceiling	200 SF	X			
Roof		X		Roofing Material (other)	1,800 SF	X			
Roof		X		Tar/Aluminum Jacketing on HVAC	19,000 SF	X			
Roof		X		Magnesium Black Pipe Insulation	250 LF	X			
1st Floor		X		Brown&White Linoleum	500 SF	X			

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

CIC# 2392

Date of Notification (1) 01/31/13		Name of Building Owner/Operator Morris Plains Contracting LLC							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1260 Stelton Road							
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Richard Fernicola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		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 182 Tabor Road		Square Feet 400,000	# of Floors 2						
City (5) Morris Plains		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.	ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.							
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm Thomas P. Geiger	Telephone No. 732-290-2217	Telephone No. 973-689-6281	License No. 01099						
Start Date (10) 02/04/13	Scheduled Completion Date (11) 04/05/13	Name of OSHA Monitor J&S Environmental Laboratories LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07081							
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"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<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	Encapsulate	Enclosure
1st and 2nd Floors		X		Window Caulk	2,600 LF	X			
1st and 2nd Floors		X		Lab Counter Tops	425 SF	X			
1st Floor		X		Pipe Insulation / Elbows	10 LF	X			
Roof		X		Exterior Roof Flashing	12,150 SF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey			Disposal Date		City, State Morrisville, Pennsylvania				
Completed by Dimo Golcey		Title General Manger		Signature 		Date 01/31/13			

**State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet**

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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff: (12)			Description of Asbestos Containing Material (ACM) (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		Interior Roof Flashing Mat Associated w/ Roof Expansion Joints	11,800 SF	X			
Roof		X		Pitch Pockets	50 SF	X			
Roof		X		Roof Membrane	27,000 SF	X			
1st and 2nd Floors		X		Floor Mastic	99,900 SF	X			
1st Floor		X		Floor Tile and Mastic	18,615 SF	X			
1st Floor		X		Back Tile Sealant on Inside of Exterior Wall	1,420 SF	X			
1st Floor		X		Transite Hood	820 SF	X			
1st Floor		X		Radiator Paper	500 SF	X			
1st Floor		X		Plaster Ceiling	200 SF	X			
Roof		X		Roofing Material (other)	1,800 SF	X			
Roof		X		Tar/Aluminum Jacketing on HVAC	19,000 SF	X			
Roof		X		Magnesium Black Pipe Insulation	250 LF	X			
1st Floor		X		Brown&White Linoleum	500 SF	X			

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

2013 MAR 12 PM 2:09
NJ DEPARTMENT OF ENVIRONMENTAL CONTROL
LICENSING

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1260 Stelton Road
	City, State, Zip Code Piscataway, NJ 08854		Name of Contact Richard Fernicola
			Telephone Number _____

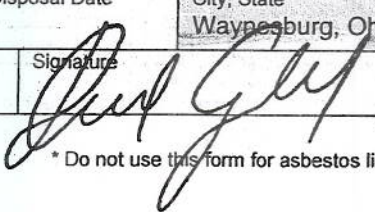
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility		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 170 Tabor Road		Square Feet 2,000,000	# of Floors 4	Bldg. Age 75
City (5) Morris Plains		Current Use (Prior if being demolished) Abandoned		
County (6) Morris	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.	
Street Address 64 Broad Street		Street Address 163 Sargeant Avenue		
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Clifton, NJ 07013		
Project Manager for Monitoring Firm Thomas P. Geiger		Telephone No. 732-290-2217	Telephone No. 973-689-6281	License No. 01099
Start Date (10) 02/04/13	Scheduled Completion Date (11) 04/05/13	Name of OSHA Monitor J&S Environmental Laboratories LLC		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07081		

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

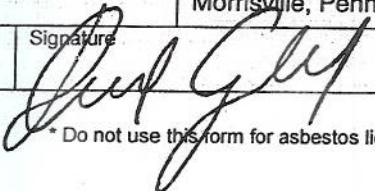
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State New Castle, Delaware		Disposal Date		City, State Waynesburg, Ohio	
Completed by Dimo Golcev		Title General Manger	Signature 	Date 02/18/13	

* 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)

CK # 2391
 2013 MAR 12 PM 2:09
 AIR QUALITY CONTROL & LICENSING

Date of Notification (1) 01/31/13		Name of Building Owner/Operator (2) Morris Plains Contracting LLC							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1260 Stelton Road		City, State, Zip Code Piscataway, NJ 08854				
			Name of Contact Richard Fernicola	Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Pfizer Facility			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 170 Tabor Road			Square Feet 2,000,000	# of Floors 4	Bldg. Age 75				
City (5) Morris Plains		County (6) Morris		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address 64 Broad Street		City, State, Zip Code Matawan, NJ 07747		Street Address 163 Sargeant Avenue					
City, State, Zip Code Matawan, NJ 07747		Telephone No. 732-290-2217		Telephone No. 973-689-6281	License No. 01099				
Project Manager for Monitoring Firm Thomas P. Geiger		Start Date (10) 02/04/13		Scheduled Completion Date (11) 04/05/13					
Name of OSHA Monitor J&S Environmental Laboratories LLC		Current Use (Prior if being demolished) Abandoned							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, NJ 07081						
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 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
Roof		X		Roof Flashing	8,000 SF	X			
Roof		X		Roof Membrane	3,000 SF	X			
Underground		X		Undergrd Transite Electric Banks	500 SF	X			
Underground		X		Underground Piping	1,200 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Clifton, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 01/31/13			

