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May 1 2012 03:10PM F0017001

State of NJ

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

D&S Proj. #: MS 12-156

APPROVED  
NJ Dept of Health & Senior Services  
*Paul C. [Signature]*  
(signature)  
Date: 5/1/12 Time: 3:58 PM

Date of Notification (1) 05/01/12		Name of Building Owner/Operator (2) <b>JOHN MILLS</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>211 BARONE AVENUE</b>		City, State, Zip Code <b>SO. PLAINFIELD, NJ</b>	
Name of Contact <b>JOHN MILLS</b>		Telephone Number [Redacted]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>JOHN MILLS</b>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>211 BARONE AVENUE</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>SO. PLAINFIELD</b>			County (6) <b>MIDDLESEX</b>		
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) <b>D &amp; S RESTORATION, INC.</b>	
Street Address				Street Address <b>20 California Ave.</b>	
City, State, Zip Code				City, State, Zip Code <b>Paterson, NJ 07503</b>	
Project Manager for Monitoring Firm		Phone Number		Telephone Number <b>973-345-8020</b>	
License Number				License Number <b>00159</b>	
Start Date (10) <b>05/02/12</b>		Sched. Completion Date (11) <b>05/11/12</b>		Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b>	
Street Address				Street Address <b>20 California Avenue</b>	
City, State, Zip Code				City, State, Zip Code <b>Paterson, NJ 07503</b>	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥180 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A						
BASEMENT		X		BOILER INSULATION	40 SQ FT	X			

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b>		NJDEP Hauler ID# <b>13506</b>		Cubic Yards of Waste <b>1 YD</b>		Name of Registered Landfill <b>TULLYTOWN, RESOURCE RECOVERY</b>	
City, State <b>PATERSON, NJ 07503</b>		Disposal Date <b>05/03/12</b>		City, State <b>TULLYTOWN, PA</b>			
Completed by (Print or Type) <b>BOGDAN JOLDZIC</b>		Title <b>PRESIDENT</b>		Signature		Date <b>05/01/12</b>	

ASB-41

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



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

Date of Notification (1) 10/5/10 11/12		Name of Building Owner/Operator (2) JOHN MILLS	
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 211 BARONE AVENUE		City, State, Zip Code SO. PLAINFIELD, NJ	
Name of Contact JOHN MILLS		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOHN MILLS			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 211 BARONE AVENUE			Square Feet		
City (5) SO. PLAINFIELD			County (6) MIDDLESEX		County Code (7) (State use only)
Current Use (Prior if being demolished)			# of Floors		
Bldg. Age					

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 00159
Start Date (10) 05/02/12		Sched. Completion Date (11) 05/11/12		
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				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/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)	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"/>		BOILER INSULATION	40 SQ 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"/>
						<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 05/03/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/01/12



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

D&S Proj. #: MS 12-157

Date of Notification (1) 10/15/10 11/11/12		Name of Building Owner/Operator (2) MARGIE BRENNER	
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 119 GORDONHURST AVENUE		City, State, Zip Code MONTCLAIR, NJ	
Name of Contact MARGIE BRENNER		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARGIE BRENNER			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 119 GORDONHURST AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MONTCLAIR	County (6) ESSEX	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	
Start Date (10) 05/15/12		Sched. Completion Date (11) 05/25/12	License Number 00159	
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			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	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	120 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		TRANSITE CEILING BOARD	64 SQ 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 05/16/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/01/12

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



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

D&S Proj. #: MS 12-155

Date of Notification (1) 10/15/10 11/12		Name of Building Owner/Operator (2) RICHARD MURPHY	
Agencies Notified	Type Notification	Street Address 344 HIGHLAND AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code RIDGEWOOD, NJ 07450	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact RICHARD MURPHY	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) RICHARD MURPHY			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 344 HIGHLAND AVENUE			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			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 00159
Start Date (10) 05/11/12	Sched. Completion Date (11) 05/21/12		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 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"/>		DUCT WORK	191 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT (7 LOCATIONS)		<input checked="" type="checkbox"/>		DUCT (ASBESTOS TAPE)	30 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 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/12/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/01/12



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

CHECK #: 7891

Date of Notification (1) 5.2.12		Name of Building Owner/Operator (2) MURRAY HILL SOE LLC	
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 351 WEST HUBBARD STREET City, State, Zip Code CHICAGO IL 60654	
Name of Facility Where Abatement is Taking Place (3) MURRAY HILL SOE LLC		Name of Contact Brian Milberg	
Street Address 343 MURRAY HILL PARKWAY		FACILITY INFORMATION	
City (5) EAST RUTHERFORD	County (6) BERGEN	County Code (7) (STATE USE ONLY)	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.)
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Square Feet 53,170
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc	# of Floors 1
City, State, Zip Code		Street Address 105 Lowell Road	Bldg. Age 45
Project Manager for Monitoring Firm		Telephone No.	Current Use (Prior if being demolished) Office
Start Date (10) 5.11.12	Scheduled Completion Date (11) 5.14.12	Telephone No. 201-262-5841	License No. 00156
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 Omega Environmental Services Inc.	
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		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		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)
main floor offices		X	VAT
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Amount (Specify SF or LF) 1,100 SF
City, State, Zip Code Riverdale, NJ 07457		Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
Completed by R. McDonald		Title President	Disposal Date 5.11.12
		Signature 	City, State, Zip Code Bethlehem, PA 18015
		Date 5.2.12	



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

Date of Notification (1) 05/01/2012		Name of Building Owner/Operator (2) SAINT BARNABAS HEALTH CARE SYSTEM							
Agencies Notified	Type Notification	Street Address OLD SHORT HILLS RD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LIVINGSTON NJ 07039							
		Name of Contact LIONEL ANDERSON	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ST. BARNABAS HEALTH CARE SYSTEM- FAN ROOM "G"		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 94 OLD SHORT HILLS RD		Square Feet	# of Floors						
City (5) LIVINGSTON		Bldg. Age							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOSPITAL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIROVISION		ASCM No.	Name of Abatement Contractor (9) ENVIRONMENTAL CONTRACTORS INC.						
Street Address 20-21 WAGARAW RD		Street Address 235 WATCHUNG AVE							
City, State, Zip Code FAIRLAWN NJ 07410		City, State, Zip Code WEST ORANGE NJ 07052							
Project Manager for Monitoring Firm WILLIE MORALES		Telephone No. 973-636-9145	Telephone No. 973-243-9872						
License No. 00559									
Start Date (10) 05/03/12	Scheduled Completion Date (11) 05/04/12	Name of OSHA Monitor LONG ISLAND ANALYTICAL							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied work hrs: 7am-3:30 pm		Street Address 110 COLIN DRIVE							
		City, State, Zip Code HOLBROOK, NY 11741							
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) <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
FAN ROOM G	X			PIPE INSULATION	20 LF	X			
Name of Registered Waste Hauler ENVIRONMENTAL CONTRACTORS		NJDEP Waste Hauler ID No. 19101	Cubic Yards of Waste	Name of Registered Landfill NEW MORGAN LANDFILL CO					
City, State WEST ORANGE NJ			Disposal Date	City, State EXTON, PA					
Completed by Slawomir Kielczewski		Title President	Signature <i>Slawomir Kielczewski</i>	Date 05/01/12					



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

Date of Notification (1) 5 / 1 / 12		Name of Building Owner/Operator (2) <b>OXYCHEM</b>							
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 <b>651 TONNELE AVENUE</b> City, State, Zip Code <b>JERSEY CITY, NJ 07307</b> Name of Contact <b>OWNER'S REP: CLINT YINGLING</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>OXYCHEM</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>621 TONNELE AVENUE</b>		Square Feet <b>120,000</b>	# of Floors <b>2</b>						
City (5) <b>JERSEY CITY, NJ</b>		Bldg. Age <b>40</b>							
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>COMMERCIAL</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>LANGEN ENGINEERING</b>		ASCM No.							
Street Address <b>619 RIVER DRIVE CENTER 1</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>ELMWOOD PARK, NJ 07407</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>JAKE SUROWIECKI</b>		Telephone No. <b>201-794-6900</b>	License No. <b>00509</b>						
Start Date (10) 5 / 18 / 12	Scheduled Completion Date (11) 5 / 22 / 12	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> -____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Renovation Area-Offices/Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT & Mastic	1050 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mirror Mastic	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coping Stone Caulk	15 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 <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No.		Cubic Yards of Waste <b>7 CY</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>BRISTOL, PA</b>		Disposal Date <b>5/22/12</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>GINO PIZZIGONI</b>		Title <b>Estimator</b>		Signature <i>Gino Pizzigoni</i>		Date <b>5/1/12</b>			



CK 2734

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

Date of Notification (1) 5-3-12		Name of Building Owner/Operator (2) Virtua Health Inc.	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 388 City, State, Zip Code Marlton, NJ 08053 Name of Contact Barb Martin Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Old Voorhees Hospital		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 101 Carnie Boulevard		Square Feet 10,500	# of Floors 6
City (5) Voorhees		Bldg. Age +/-50	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) hospital	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories	ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.	
Street Address 3370 Progress Drive, Suite J		Street Address 2251 Fraley Street	
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Philadelphia, PA 19137	
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 215-533-5155	License No. 01166
Start Date (10) 5-14-12	Scheduled Completion Date (11) 7-14-12	Name of OSHA Monitor Criterion Laboratories	
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 3370 Progress Drive, Suite J City, State, Zip Code Bensalem, Pa 19020	
Scope of Work (Check all that apply) *abatement prior to demo*			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Glovebag Procedure	
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
***see attached sheet***			X
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
City, State Morrisville, PA		Name of Registered Landfill A & L Salvage	
Disposal Date		City, State Libson, OH	
Completed by Jennifer Niven	Title Dir. of Operations	Signature <i>Jennifer Niven</i>	Date 5-3-12



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

Date of Notification (1) May 1, 2012		Name of Building Owner/Operator (2) Jack Dersh	
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		Street Address 428 Clifton Avenue, #138	
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		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Jack Dersh	
		Telephone Number _____	

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 731 Spruce Street			Square feet 2000 sf		
City Trenton			# of Floors 2		
County (6) Mercer			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola			Telephone Number 732-349-9932		
Scheduled Start Date (10) 5/2/12			License Number 00624		
Scheduled Completion Date (11) 5/3/12			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		
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			City, State, Zip Code Piscataway, New Jersey 08854		
			<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) 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
Basement	X	Asbestos pipe insulation	150 lf	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 5/4/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 5/1/2012

\*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)

*No check*

**DATE OF NOTIFICATION (1)** 4-30-12

**NAME OF BUILDING OWNER/OPERATOR (2)** Diane Terhune

**AGENCIES NOTIFIED**

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

**STREET ADDRESS** 74 Old Chester Road

**CITY, STATE, ZIP CODE** Essex Fells, NJ

**NAME OF CONTACT** Diane Terhune

**TELEPHONE NUMBER**

**FACILITY INFORMATION**

**NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3)** house

**STREET ADDRESS** 74 Old Chester Road

**CITY (5)** Essex Fells

**COUNTY (6)** Essex

**COUNTY CODE (7) (STATE USE ONLY)**

**TYPE OF FACILITY (4)**

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)

**SQUARE FEET** 5000

**# OF FLOORS** 3

**BLDG. AGE** 50

**CURRENT USE (Prior if being demolished)**

**NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8)** J & S Environmental

**ASCM NO.**

**NAME OF ABATEMENT CONTRACTOR (9)** ABS Environmental Services, LLC

**STREET ADDRESS** 2333 Route 22 W

**CITY, STATE, ZIP CODE** Union NJ 07083

**STREET ADDRESS** 4 E Gate Drive, PO Box 483

**CITY, STATE, ZIP CODE** Glenwood, NJ 07418

**PROJECT MANAGER FOR MONITORING FIRM** Sherrill Gelisomo

**TELEPHONE NO.** 908-206-0073

**TELEPHONE NO.** 973-764-2276

**LICENSE NO.** 703

**START DATE (10)** ON HOLD

**SCHEDULED COMPLETION DATE (11)** 6/15/12

**NAME OF OSHA MONITOR**

**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
Other - Describe: monday - saturday 8 am - 5 pm

**STREET ADDRESS**

**CITY, STATE, ZIP CODE**

**SCOPE OF WORK (Check All That Apply)**

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic			X	roof rafter insulation	2000 SF	X			
				(excludes soffit & below subfloor)					

**NAME OF REGISTERED WASTE HAULER** Freehold Cartage

**NJDEP WASTE HAULER ID NO.** 15939

**CUBIC YARDS OF WASTE** 50

**NAME OF REGISTERED LANDFILL** GROWS N Landfill

**CITY, STATE** Freehold NJ

**DISPOSAL DATE** TBD

**CITY, STATE** Morrisville PA

**COMPLETED BY** Andrew Scott Higgins


**TITLE** President

**SIGNATURE**

**DATE** 4-30-12



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

Date of Notification (1) 5/2/12		Name of Building Owner/Operator (2) Olde Mill Inn							
Agencies Notified	Type Notification	Street Address 225 Route 202							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Basking Ridge, NJ							
		Name of Contact Glen Isemann							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Olde Mill Inn		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 225 Route 202		Square Feet 3000	# of Floors 50						
City (5) Basking Ridge		Bldg. Age 50							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
ASCM No. _____		ABS Environmental Services, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/14/12	Scheduled Completion Date (11) 5/28/12	Name of OSHA Monitor							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<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) <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	80 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA					
Completed by Andrew Scott Higgins		Title President		Signature 			Date 5/2/12		



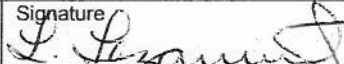
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK# 1230

Date of Notification (1) 5-2-2012		Name of Building Owner/Operator (2) Cappuccino & Marek Investments	
Agencies Notified	Type Notification	Street Address 11 Tuxedo Drive	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jim	Telephone Number ASBESTOS CONTROL LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property for Demolition		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 70 Washington Street		Square Feet 3000	# of Floors 2
City (5) Harrison		Bldg. Age 50+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Property for Demolition	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC
Street Address n/a		Street Address 22 Troy Lane	
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950
Start Date (10) 5-12-2012		Scheduled Completion Date (11) 5-14-2012	License No. 01088
Name of OSHA Monitor Jadar Contracting, LLC			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5pm		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <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
Various Rooms			<input checked="" type="checkbox"/>	VAT	600 SF	<input checked="" type="checkbox"/>			
Exterior			<input checked="" type="checkbox"/>	Transite Shingles	2000 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA 19067	
Completed by Lillie Lazarevich	Title Secretary	Signature 		Date 5-2-2012	



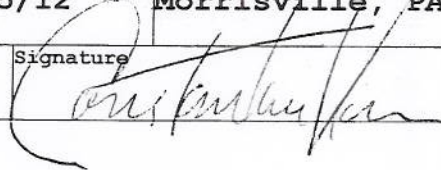
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) <b>5/1/12</b>		Name of Building Owner/Operator (2) <b>Sara Takenaga and Justin Bilicki</b>	
Agencies Notified	Type Notification	Street Address <b>133 Buckingham Road</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ 07043</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Sara Takenaga</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>133 Buckingham Road</b>			Square Feet <b>1600</b>		
City (5) <b>Montclair</b>			County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	# of Floors <b>3</b>
			Bldg. Age <b>93</b>		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm			Telephone Number <b>N/A</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>5/12/12</b>		Sched. Completion Date (11) <b>5/14/12</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V 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
Basement			X	Pipe Insulation	120 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5/15/12</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature 		Date <b>5/1/12</b>



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

Ch# 1231

Date of Notification (1) 5-2-2012		Name of Building Owner/Operator (2) <b>Legow Management</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 South Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit # 725A		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 Stenton Court		Square Feet	# of Floors						
City (5) Hamilton		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
Start Date (10) 5-14-2012		Scheduled Completion Date (11) 5-15-2012	License No. 01088						
Name of OSHA Monitor Jadar Contracting, LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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 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
Kitchen			X	VAT	117 SF	X			
Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 5-2-2012			

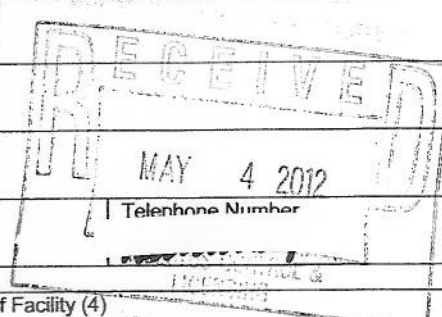
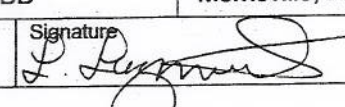


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK#1179

Sent on 4/20/2012

No  
check  
\*Completion Date Amended

Date of Notification (1) 5-2-2012		Name of Building Owner/Operator (2) Morgan Properties							
Agencies Notified	Type Notification	Street Address 160 Clubhouse Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code King of Prussia, PA 19406							
		Name of Contact David							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Apartment Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 76 Market Street		Square Feet 2500	# of Floors 10+						
City (5) Perth Amboy		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. 973-706-7950	License No. 01088						
Start Date (10) 4/30/2012	Scheduled Completion Date (11) 5-31-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am - 5pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	Asbestos Elbows	6 Elbows	X			
Basement			X	Asbestos Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Jadar Contracting, LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by Lillie Lazarevich		Title Secretary	Signature 				Date 5-2-2012		



3734

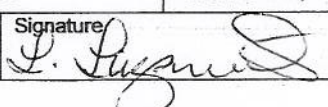
ASB-41 (R-06-00)

\* Do not use this form for asbestos licensing exemption activities.



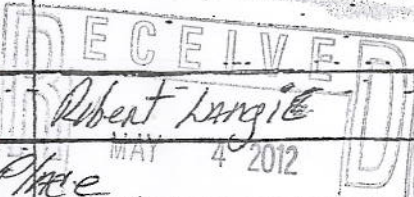
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK# 1232

Date of Notification (1) 5-2-2012		Name of Building Owner/Operator (2) Legow Management		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED  MAY 4 2012  ASBESTOS CONTROL &amp; LICENSING </div>					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	160 South Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lalor Gardens Unit # 110A				Type of Facility (4)					
Street Address Stenton Court				<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) Hamilton				Square Feet	Bldg. Age				
					50+				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment Unit					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Jadar Contracting, LLC					
Street Address n/a				Street Address 22 Troy Lane					
City, State, Zip Code n/a				City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950	License No. 01088				
Start Date (10) 5-21-2012		Scheduled Completion Date (11) 5-22-2012		Name of OSHA Monitor Jadar Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 9am - 5 pm				City, State, Zip Code Lincoln Park, NJ 07035					
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 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
Kitchen			X	VAT	96 SF	X			
Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Lillie Lazarevich		Title Secretary		Signature 		Date 5-2-2012			



# State of New Jersey Asbestos Abatement and Remediation (Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) <u>4-30-12</u>		Name of Building Owner (Owner) (2) <u>Robert Langie</u>	
Agency Notified:	Type Notification:	Street Address:	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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	<u>150 Rugby Place</u> City, State, Zip Code: <u>Woodbury NJ 08096</u> Name of Contact: <u>Feb.</u> Telephone Number:	

Name of Facility Where Abatement is Taking Place (3) <u>Old Plumber Supply House</u>		Type of Facility (4)	
Street Address: <u>13 Haven Ave</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <u>Ocean City</u>	Square Feet	# of Floors	Building Age
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address:				<u>Ann Joe LLC</u>	
City, State, Zip Code				Street Address: <u>1212 Burlington Ave</u>	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code: <u>DELANCO NJ 08075</u>	
				Telephone No. <u>856 824 0971</u>	
				License No. <u>01070</u>	

Start Date (10) <u>5-10-12</u>	Scheduled Completion Date (11) <u>5-20-12</u>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Shoring Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fixable Procedure	
<input type="checkbox"/> < 6 sf or < 3 ft <input type="checkbox"/> > 160 sf or > 2,260 ft	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN Facility) (13)	Is Location Normally Used Solely by Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<u>Intead - From Trunk Out</u>			<input checked="" type="checkbox"/>	<u>Teansite</u>	<u>3000 SF</u>	<input checked="" type="checkbox"/>		
<u>Exter - Around Bldg</u>			<input checked="" type="checkbox"/>	<u>(ACM) - Siding</u>	<u>1500 SF</u>	<input checked="" type="checkbox"/>		

Name of Registered Waste Handler	RIDEP Waste Handler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<u>Jack Robinson Waste</u>	<u>28387</u>		<u>WM of PA</u>
City, State	Disposal Date	City, State	
<u>Bellmawr NJ</u>	<u>TBD</u>	<u>Tullytown PA</u>	
Completed by	Title	Signature	Date
<u>Joe Hill</u>	<u>VP</u>	<u>JH</u>	<u>4-30-12</u>



MO  
20140355/25

Print Form

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

Date of Notification (1) April 24, 2012		Name of Building Owner/Operator (2) Andrew Amy Reinicker							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 315 Hawthorne Ave.		City, State, Zip Code Haddonfield N.J. 08033							
Name of Contact Andrew Amy Reinicker		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		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 315 Hawthorne Ave.		Square Feet 3600	# of Floors 3						
City (5) Haddonfield		Bldg. Age 97							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International, Inc.		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Services LLC.						
Street Address 204 e. Germantown Pike		Street Address 14 Read Drive							
City, State, Zip Code Norriton, P.A. 19401		City, State, Zip Code Sicklerville, N.J. 08081							
Project Manager for Monitoring Firm Raymond J. Giodano		Telephone No. (856) 229-5369	Telephone No. (856) 318-1341						
Start Date (10) May 5, 2012		Scheduled Completion Date (11) May 8, 2012	License No. 01158						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Graham-Tech Environmental services							
Street Address 14 Read Drive		City, State, Zip Code Sicklerville, N.J. 08081							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler American Disposal System		NJDEP Waste Hauler ID No. SW2069	Cubic Yards of Waste	Name of Registered Landfill JP Mascaro - Pioneer Crossing					
City, State P.O.Box 348, Lumberton, N.J. 08048		Disposal Date		City, State 727 Red Lane Road Birdsboro, P.A.					
Completed by Willis Graham		Title Owner	Signature			Date			