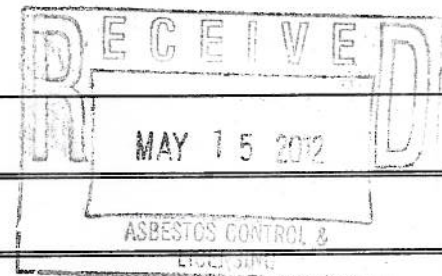


104240

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

D&S Proj. #: MS 12-169



Date of Notification (1) 10/15/11 10/11/12		Name of Building Owner/Operator (2) KAY POGGIOLI	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 159 SOUTH IRVING STREET		City, State, Zip Code RIDGEWOOD, NJ 07450	
Name of Contact KAY POGGIOLI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KAY POGGIOLI			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 159 SOUTH IRVING STREET			Square Feet		
City (5) RIDGEWOOD			County (6) BERGEN		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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) 05/24/12		Sched. Completion Date (11) 06/08/12			
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			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 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	300 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

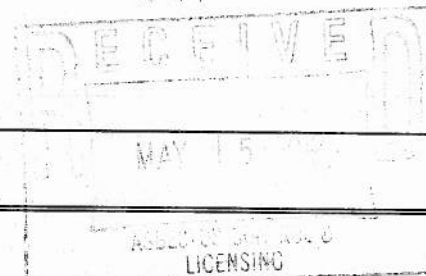
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/25/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/10/12



064039

D&amp;S Proj. #: MS 12-168

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



Date of Notification (1) 05/10/12		Name of Building Owner/Operator (2) ERIC DEPOWSKI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #:	Street Address 263 STANDISH ROAD	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code WASHINGTON TWP, NJ	
	<input type="checkbox"/> Cancellation	Name of Contact ERIC DEPOWSKI	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) ERIC DEPOWSKI			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 263 STANDISH ROAD			Square Feet	# of Floors	Bldg. Age
City (5) WASHINGTON	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 05/30/12	Sched. Completion Date (11) 06/15/12		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"/>		PIPE INSULATION	70 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	45 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"/>

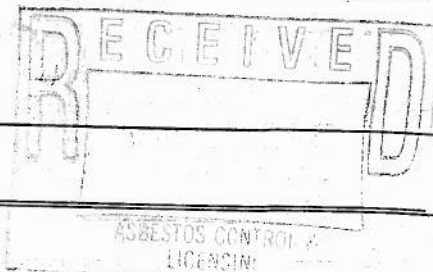
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/01/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/09/12



664841

D&amp;S Proj. #: MS 12-170

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



Date of Notification (1) 10/15/10/12		Name of Building Owner/Operator (2) CHUCK & MARY JANE BAINBRIDGE	
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 96 HOPPER AVENUE		City, State, Zip Code WALDWICK, NJ	
Name of Contact CHUCK & MARY JANE BAINBRIDGE		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) CHUCK AND MARY JANE BAINBRIDGE			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 96 HOPPER AVENUE			Square Feet		
City (5) WALDWICK			County (6) BERGEN	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8)			Bldg. Age		
Street Address			Current Use (Prior if being demolished)		
City, State, Zip Code			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Project Manager for Monitoring Firm			Street Address 20 California Ave.		
Phone Number			City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 05/21/12			Telephone Number 973-345-8020		
Sched. Completion Date (11) 05/31/12			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.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			Street Address 20 California Avenue		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code Paterson, NJ 07503		

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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	130 L FT	X			

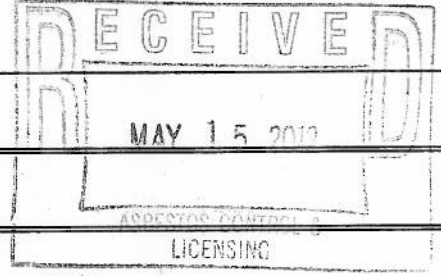
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/22/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/10/12



364242

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

D&S Proj. #: MS 12-172



Date of Notification (1) <u>10/15/11</u>		Name of Building Owner/Operator (2) <u>RANDI SARA</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>10 WASHINGTON AVENUE</u>		City, State, Zip Code <u>GRIGGSTOWN, NJ 08540</u>	
Name of Contact <u>RANDI SARA</u>		Telephone Number <u>1</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>RANDI SARA</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>10 WASHINGTON AVENUE</u>			Square Feet _____		
City (5) <u>GRIGGSTOWN</u>			# of Floors _____		
County (6) <u>SOMERSET</u>			Bldg. Age _____		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____			Name of Abatement Contractor (9) <u>D &amp; S RESTORATION, INC.</u>		
Street Address _____			Street Address <u>20 California Ave.</u>		
City, State, Zip Code _____			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____			Telephone Number <u>973-345-8020</u>		
Phone Number _____			License Number <u>00159</u>		
Start Date (10) <u>05/22/12</u>			Name of OSHA Monitor <u>D &amp; S Restoration, Inc.</u>		
Sched. Completion Date (11) <u>05/31/12</u>			Street Address <u>20 California Avenue</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			City, State, Zip Code <u>Paterson, NJ 07503</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 w/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)	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	30 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 <u>D &amp; S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>1 YD</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>05/23/12</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>05/10/12</u>



004153

Fax:

May 9 2012 10:09am P002/U02

D&amp;S Proj. #: MS 12-167

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

Date of Notification (1) 05/10/12		Name of Building Owner/Operator (2) MICHAEL TCHEYAN		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> Date: 5/10/12 9:24	
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 54 LENOX ROAD City, State, Zip Code SUMMIT, NJ 07901	
		Name of Contact MICHAEL TCHEYAN		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL TCHEYAN			Type of Facility (4) BESTOS CONTROL & LICENSING <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 54 LENOX ROAD			Square Feet		
City (5) SUMMIT			# of Floors		
County (6) UNION			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 05/16/12		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) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	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						
CRAWL SPACE 1 BASEMENT		X		PIPE INSULATION	63 L FT	X			
CRAWL SPACE 2 BASEMENT		X		PIPE INSULATION	28 L FT	X			

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 05/17/12		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOJICZIC		Title PRESIDENT		Signature		Date 05/09/12	

ASB-41

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



4459

Print Form

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

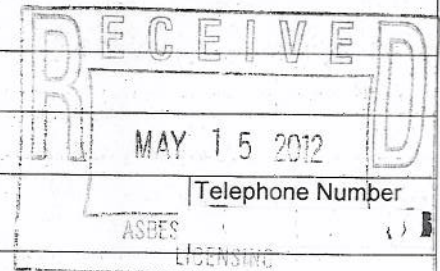
Date of Notification (1) 05/09/2012		Name of Building Owner/Operator (2) Township of Cranford		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 15 2012 CONTROL &amp; SING </div>					
Agencies Notified		Type Notification				Street Address 8 Springfield Avenue			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<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 Cranford, NJ 07016			
				Name of Contact Sandra Caceres-Cardenas		Telephone Number CONTROL & SING			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Municipal Building				Type of Facility (4)					
Street Address 8 Springfield Avenue				<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.)					
City (5) Cranford				Square Feet		# of Floors			
County (6) Union				County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Municipal Building			
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational			ASCM No. 0090		Name of Abatement Contractor (9) VMC Company, Inc.				
Street Address 401 St. James Ave.				Street Address 208 Piaget Ave.					
City, State, Zip Code Phillipsburg				City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Jonathan Gilbert			Telephone No. 856-768-8414		Telephone No. 973-253-8828		License No. 00704		
Start Date (10) 05/23/2012		Scheduled Completion Date (11) 06/04/2012		Name of OSHA Monitor N/A					
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 checked="" type="checkbox"/> Other - Describe: <u>occupied</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Boiler/Tank/Breaching insulation	535SF	x			
Boiler Room	x			Pipe Fitting insulation	85LF	x			
Lower Hall		x		Duct insulation	180SF	x			
Mechanical Room	x			Pipe fitting insulation	30LF	x			
Health Room		x		Pipe fitting insulation	45LF	x			
Name of Registered Waste Hauler Newark Carting Inc.			NJDEP Waste Hauler ID No. 05049		Cubic Yards of Waste		Name of Registered Landfill GROWS		
City, State Newark, NJ			Disposal Date		City, State Morrisville, PA				
Completed by Voytek Roszkowski			Title President		Signature <i>V. Roszkowski</i>		Date 05/09/2012		



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

Job #: 1205-1643  
Check #: 2699

Date of Notification (1) <b>5/11/12</b>		Name of Building Owner / Operator (2) <b>New Jersey State Police</b>	
Agencies Notified	Type Notification	Street Address <b>341 Espanong Road</b>	
<input checked="" 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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Lake Hopatcong, NJ 07849</b>	
		Name of Contact <b>Mr. Frank Soltis</b>	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Marine Station</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>341 Espanong Road</b>			Square Feet <b>1300</b>	# of Floors <b>1</b>	Bldg. Age <b>60 years</b>
City (5) <b>Lake Hopatcong</b>	County (6) <b>Morris</b>	County Code (7)	Current Use (Prior if being demolished) <b>Vacant Property</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>		
Street Address <b>PO Box 316</b>			Street Address <b>3859 Sylon Blvd.</b>		
City, State & Zip Code <b>Thorofare, NJ 08086</b>			City, State & Zip Code <b>Hainesport, NJ 08036</b>		
Project Manager for Monitoring Firm <b>Dave or Steve Flanigan</b>		Telephone Number <b>856-848-0800</b>	Telephone Number <b>609-702-0400</b>		License Number <b>00862</b>
Scheduled Start Date (10) <b>5/21/12</b>		Scheduled Completion Date (11) <b>5/23/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Describe: <input checked="" type="checkbox"/> Isolated Area			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Marine Station	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Horizon Disposal</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>5/24/12</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Kim Trumbetti</b>		Title <b>Admin.</b>	Signature 		Date <b>5/11/12</b>



4458

Print Form

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

Date of Notification (1) 05/10/2012		Name of Building Owner/Operator (2) Bergen County Technical Schools	
Agencies Notified	Type Notification	Street Address 327 East Ridgewood Avenue	
<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 Paramus, NJ 07652	
		Name of Contact David Tankard	Telephone Number CONTROL & SINC

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bergen County Technical School		Type of Facility (4)	
Street Address 504 Rouye 46		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Teterboro		Square Feet	# of Floors
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) VMC Company, Inc
Street Address 1253 North Church Road		Street Address 208 Piaget Ave.	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8815	Telephone No. 973-253-8828
Start Date (10) 05/21/2012		Scheduled Completion Date (11) 05/25/2012	License No. 00704
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor N/A	
<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	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various Locations			x	Floor mastic	1200SF	x			
Room #1		x		Board mastic (PACM)	48SF	x			
Room #9		x		Board Mastic(PACM)	48SF	x			

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05049	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Voytek Roszkowski		Title President	Signature <i>Voytek Roszkowski</i>	Date 05/10/2012	







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

*Check # 2665*  
**RECEIVED**  
**MAY 15 2012**  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05 / 04 / 12		Name of Building Owner / Operator (2) NBC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1242 W-30 ROCKEFELLER PLAZA		City, State, Zip Code NEW YORK, NY 10112	
Name of Contact VINCENT LACERRA		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 60 SELLARS STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 60 SELLARS STREET			
City (5) KEARNY	County (6) HUDSON	County Code (7)	Square Feet N/A
			# Of Floors N/A
			Building Age 50 +
Current Use (Prior if being demolished) STORAGE			

Name of Monitoring Firm Hired by Bldg. Owner (8) LEA ENVIRONMENTAL		ASCM NO		Name of Abatement Contractor (9) LVI Environmental Services Inc.	
Street Address 901 ROUTE 168, SUITE 405				Street Address 462 Getty Avenue	
City, State, Zip Code TURNERSVILLE, NJ 08012				City, State, Zip Code Clifton, NJ 07011	
Project Mngr. For Monitoring Firm TIFFANY WOLF		Telephone Number 856-262-2335		Telephone Number 973-772-3660	
Sched. Start Date (10) 06 / 18 / 12		Sched. Completion Date (11) 07 / 06 / 12		License Number 00117	

Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: <u>7:00AM-3:30PM</u>		Name of OSHA Monitor LVI Environmental Services Inc.	
		Street Address 462 Getty Avenue	
		City, State, Zip Code CLIFTON, NJ 07011	

Scope of Work (Check All That Apply)

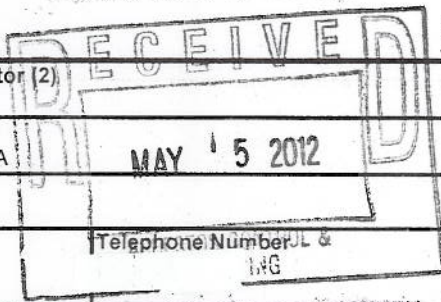
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> 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			
				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
	YES NO N/A						
STORAGE UNITS 1 - 19	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	23,000 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 NEWARK CARTING		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date		City, State BETHLAHEM, PA			
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER		Signature <i>Steven Stiles</i>		Date 05/14/12	



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



Date of Notification (1) 05 / 04 / 12		Name of Building Owner / Operator (2) NBC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1242 W-30 ROCKEFELLER PLAZA		City, State, Zip Code NEW YORK, NY 10112	
Name of Contact VINCENT LACERRA		Telephone Number N/A	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 60 SELLARS STREET			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 60 SELLARS STREET			Building Age 50 +		
City (5) KEARNY	County (6) HUDSON	County Code (7)	Square Feet N/A	# Of Floors N/A	Current Use (Prior if being demolished) STORAGE
Name of Monitoring Firm Hired by Bldg. Owner (8) LEA ENVIRONMENTAL			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
Street Address 901 ROUTE 168, SUITE 405			Street Address 462 Getty Avenue		
City, State, Zip Code TURNERSVILLE, NJ 08012			City, State, Zip Code Clifton, NJ 07011		
Project Mngr. For Monitoring Firm TIFFANY WOLF			Telephone Number 856-262-2335		
Sched. Start Date (10) 06 / 11 / 12		Sched. Completion Date (11) 06 / 29 / 12	Telephone Number 973-772-3660		License Number 00117
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00AM-3:30PM			Name of OSHA Monitor LVI Environmental Services Inc.		
			Street Address 462 Getty Avenue		
			City, State, Zip Code CLIFTON, NJ 07011		

**Scope of Work (Check All That Apply)**

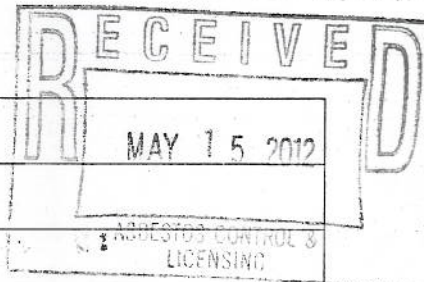
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3sf or >3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/>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

Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	YES NO N/A						
STORAGE UNITS 1 - 19	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE	23,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 05/04/12



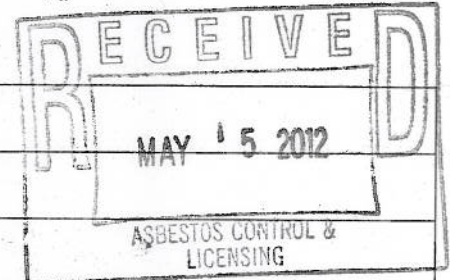
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/14/12		Name of Building Owner/Operator (2) Simon Properties							
Agencies Notified	Type Notification	Street Address 150 Quakerbridge Mall							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Allen W Weber	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mall Space #2010 and #2012		Type of Facility (4)							
Street Address 150 Quakerbridge Mall		<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) Lawrenceville		Square Feet 1,000,000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental Services		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 215 West Church Road		Street Address 407 West Lincoln Highway							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 610-755-7563	License No. 01161						
Start Date (10) 5/15/12	Scheduled Completion Date (11) 6/1/12		Name of OSHA Monitor EMSL						
Occupancy Status During Abatement (Check Only One)		Street Address Route 130							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Cinnaminson, NJ							
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
Space 2012		x		ceramic floor tile grout	2200	x			
Space 2012		x		floor tile	450	x			
Space 2012		x		Joint Compound on Wallboard	5000	x			
Space 2010		x		Floor Tile and Mastic	300	x			
Name of Registered Waste Hauler WM of Central NJ		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 100	Name of Registered Landfill GROWS				
City, State Ewing, NJ		Disposal Date TBD		City, State Morrisville, NJ					
Completed by Jack Bally		Title Senior Project Manager		Signature <i>Jack Bally</i>		Date 5/14/12			



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



Date of Notification (1) April 27, 2012		Name of Building Owner/Operator (2) Tom Morrisroe							
Agencies Notified	Type Notification	Street Address 83 Hixon Place							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South orange, NJ 07079							
		Name of Contact Tom Morrisroe							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
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 Hixon Place		Square Feet N/A	# of Floors N/A						
City (5) South Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685						
Start Date (10) 5/10/12		Scheduled Completion Date (11) 5/11/12	License No. #00675						
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>		Name of OSHA Monitor D&S Abatement, Inc.							
		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	78 LF	X			
above basement ceiling		X		pipe insulation	40 LF	X			
chimney		X		flue pipe	2 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 4/27/12			

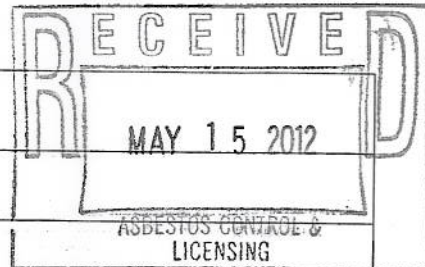


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>5-10-12</b>		Name of Building Owner/Operator (2) <b>Marcia Baulch ESTATE</b>		<div style="border: 1px solid black; padding: 5px;"> <b>CHECK # 789</b>  <b>APPROVED</b>  <b>Health &amp; Senior Services</b>  <b>Real Estate</b>  <b>Date: 5/10/12 7:48 AM</b> </div>					
Agencies Notified	Type Notification	Street Address <b>97 Spring Hollow Road</b>		City, State, Zip Code <b>Far Hills NJ 07931</b>					
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Jim Walsh</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Baulch Estate</b>			Type of Facility (4)						
Street Address <b>97 Spring Hollow Road</b>			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Far Hills</b>			Square Feet	# of Floors	Bldg. Age				
County (6) <b>Somerset</b>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>DEMO/RES</b>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>					
Street Address		Street Address <b>105 Lowell Road</b>		City, State, Zip Code <b>Glen Rock, NJ 07452</b>					
City, State, Zip Code		Telephone No. <b>201-262-8841</b>		License No. <b>00156</b>					
Start Date (10) <b>5-10-12</b>		Scheduled Completion Date (11) <b>5-12-12</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>					
Occupancy Status During Abatement (Check Only One)			Street Address <b>280 Huyer Street</b>						
<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 <b>Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Embargo
<b>basement</b>			<b>X</b>	<b>TAPE INSULATION</b>	<b>64 SF</b>	<b>X</b>			
<b>11</b>			<b>X</b>	<b>PIPE</b>	<b>8 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>		Cubic Yards of Waste <b>.5</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State, Zip Code <b>Riverdale, NJ 07457</b>		Disposal Date <b>5/10/12</b>		City, State, Zip Code <b>Bethlehem, PA 18015</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>Ronald A. McDonald</b>		Date <b>5-10-12</b>			



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



Date of Notification (1) <b>05 / 09 / 12</b>		Name of Building Owner/Operator (2) <b>Avantor Performance Materials</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>004</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>600 N. Broad Street</b>	
		City, State, Zip Code <b>Phillipsburg, NJ 08865-1271</b>	
		Name of Contact <b>Robert Snyder</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Avantor Performance Materials - Building 135</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>600 N. Broad Street</b>			
City (5) <b>Phillipsburg, NJ 08865-1271</b>		Square Feet <b>4000</b>	# of Floors <b>1</b>
		Bldg. Age <b>60</b>	
County (6) <b>Warren</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>
Street Address <b>318 12th Street</b>		Street Address <b>550 East Union Street</b>	
City, State, Zip Code <b>Hammonton, New Jersey 08037</b>		City, State, Zip Code <b>West Chester, PA 129382</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>
Start Date (10) <b>5 / 09 / 12</b>	Scheduled Completion Date (11) <b>05 / 21 / 12</b>	Name of OSHA Monitor <b>Vertex Engineering</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM</b> - <b>AM</b>		Street Address <b>1102 Baltimore Pike, Suite 201</b>	
		City, State, Zip Code <b>Glen Mills, PA 19342</b>	

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" 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 checked="" type="checkbox"/> Glovebag Procedure                      |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

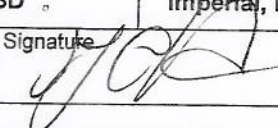
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Bld. 135 Boiler House - Boiler 3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>50 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>BFI Imperial</b>	
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>	
Completed By (Print or Type) <b>John Heemer</b>	Title <b>Estimator</b>	Signature 		Date <b>5/9/12</b>	



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

12008

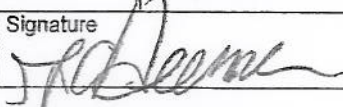
Date of Notification (1) <b>04 / 30 / 12</b>		Name of Building Owner/Operator (2) <b>Avantor Performance Materials</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>003</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>600 N. Broad Street</b>							
		City, State, Zip Code <b>Phillipsburg, NJ 08865-1271</b>							
		Name of Contact <b>Robert Snyder</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Avantor Performance Materials - Building 135</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>600 N. Broad Street</b>									
City (5) <b>Phillipsburg, NJ 08865-1271</b>		Square Feet <b>4000</b>	# of Floors <b>1</b>						
County (6) <b>Warren</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>60</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>318 12th Street</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Hammonton, New Jersey 08037</b>		City, State, Zip Code <b>West Chester, PA 129382</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>	License No. <b>00508</b>						
Start Date (10) <b>5 / 09 / 12</b>	Scheduled Completion Date (11) <b>05 / 11 / 12</b>	Name of OSHA Monitor <b>Vertex Engineering</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>      </u> AM		Street Address <b>1102 Baltimore Pike, Suite 201</b>							
		City, State, Zip Code <b>Glen Mills, PA 19342</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" 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"/> 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
<b>Bld. 135 Boiler House - Boiler 3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>50 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>BFI Imperial</b>					
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>		Signature 		Date <b>4/30/12</b>			

ASB-41  
MAY 11

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

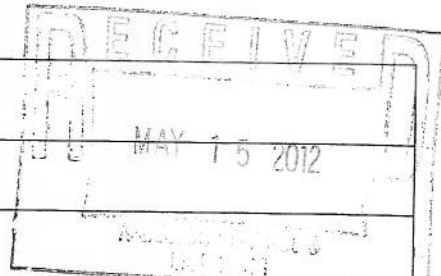


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>04 / 09 / 12</b>		Name of Building Owner/Operator (2) <b>Avantor Performance Materials</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  MAY 15 2012 </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>002</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>600 N. Broad Street</b> City, State, Zip Code <b>Phillipsburg, NJ 08865-1271</b>							
		Name of Contact <b>Robert Snyder</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Avantor Performance Materials - Building 135</b>				Type of Facility (4)					
Street Address <b>600 N. Broad Street</b>				<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.)					
City (5) <b>Phillipsburg, NJ 08865-1271</b>				Square Feet <b>4000</b>	# of Floors <b>1</b>				
County (6) <b>Warren</b>		County Code (7)(STATE USE ONLY)		Bldg. Age <b>60</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>					
Street Address <b>318 12th Street</b>		Street Address <b>550 East Union Street</b>		City, State, Zip Code <b>West Chester, PA 129382</b>					
City, State, Zip Code <b>Hammonton, New Jersey 08037</b>		Telephone No. <b>610-701-9000</b>		License No. <b>00508</b>					
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>(609) 704-8850</b>		Name of OSHA Monitor <b>Vertex Engineering</b>					
Start Date (10) <b>5 / 02 / 12</b>		Scheduled Completion Date (11) <b>05 / 04 / 12</b>							
Occupancy Status During Abatement (Check only one)				Street Address <b>1102 Baltimore Pike, Suite 201</b>					
<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: <u>7</u> AM- <u>3</u> PM/ <u>3</u> PM- <u>3</u> AM				City, State, Zip Code <b>Glen Mills, PA 19342</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" 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
Bld. 135 Boiler House - Boiler 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>BFI Imperial</b>				
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>		Signature 		Date <b>4/9/12</b>			




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



Date of Notification (1) <div style="text-align: center;">04 / 04 / 12</div>		Name of Building Owner/Operator (2) <b>Avantor Performance Materials</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>600 N. Broad Street</b>							
		City, State, Zip Code <b>Phillipsburg, NJ 08865-1271</b>							
		Name of Contact <b>Robert Snyder</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Avantor Performance Materials - Building 135</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>600 N. Broad Street</b>		Square Feet <b>4000</b>	# of Floors <b>1</b>						
City (5) <b>Phillipsburg, NJ 08865-1271</b>		Bldg. Age <b>60</b>							
County (6) <b>Warren</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>318 12th Street</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Hammonton, New Jersey 08037</b>		City, State, Zip Code <b>West Chester, PA 129382</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>						
Start Date (10) <div style="text-align: center;">04 / 10 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">04 / 13 / 12</div>	Name of OSHA Monitor <b>Vertex Engineering</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>  </u> AM		Street Address <b>1102 Baltimore Pike, Suite 201</b>							
		City, State, Zip Code <b>Glen Mills, PA 19342</b>							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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) <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
Bld. 135 Boiler House - Boiler 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>BFI Imperial</b>					
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>		Signature 		Date <b>6/3/12</b>			



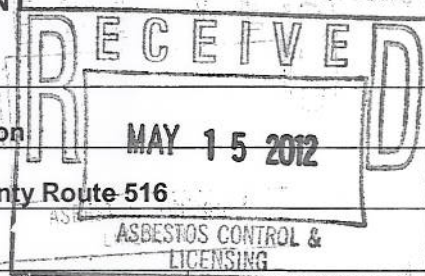
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <b>03 / 21 / 12</b>		Name of Building Owner/Operator (2) <b>Avantor Performance Materials</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>600 N. Broad Street</b> City, State, Zip Code <b>Phillipsburg, NJ 08865-1271</b> Name of Contact <b>Robert Snyder</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Avantor Performance Materials - Building 135</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>600 N. Broad Street</b>		Square Feet <b>4000</b>							
City (5) <b>Phillipsburg, NJ 08865-1271</b>		# of Floors <b>1</b>	Bldg. Age <b>60</b>						
County (6) <b>Warren</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>						
Street Address <b>318 12th Street</b>		Street Address <b>550 East Union Street</b>							
City, State, Zip Code <b>Hammonton, New Jersey 08037</b>		City, State, Zip Code <b>West Chester, PA 129382</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>(609) 704-8850</b>	Telephone No. <b>610-701-9000</b>	License No. <b>00508</b>						
Start Date (10) <b>04 / 03 / 12</b>	Scheduled Completion Date (11) <b>04 / 06 / 12</b>	Name of OSHA Monitor <b>Vertex Engineering</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-3:30PM</b> -____AM		Street Address <b>1102 Baltimore Pike, Suite 201</b> City, State, Zip Code <b>Glen Mills, PA 19342</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"/> 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							
<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 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
<b>Bld. 135 Boiler House - Boiler 3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>50 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>N.E.T.S.</b>		NJDEP Waste Hauler ID No. <b>18947</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>BFI Imperial</b>					
City, State <b>Hazleton, PA</b>		Disposal Date <b>TBD</b>		City, State <b>Imperial, PA</b>					
Completed By (Print or Type) <b>John Heemer</b>		Title <b>Estimator</b>		Signature 			Date <b>3/21/12</b>		



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

*No Check*



Date of Notification (1) <b>5/9/12</b>		Name of Building Owner / Operator (2) <b>Old Bridge Township Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>Patrick Torre Administration Bldg, County Route 516</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Matawan, NJ 07747</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #1	Name of Contact <b>Mr. Frank Frazzitta</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>Walter Schirra ES</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB-CHAPTER 8</b>		
Street Address <b>1 Awn Street</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) <b>Old Bridge</b>			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) <b>Middlesex</b>	County Code (7)		Square Feet <b>50000</b>	# of Floors <b>1</b>	Bldg. Age <b>40+</b>
Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, NJ 08010</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>5/7/12</b>		Scheduled Completion Date (11) <b>5/12/12</b>		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			Street Address <b>1123 Beaver Street</b>		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>4 PM to 12:30 AM</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

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

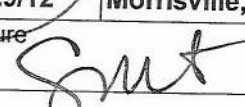
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>All Purpose Room</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>325 SF</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/2 Cu Yd</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>5/12/12</b>	City, State <b>Waynesburg, Ohio</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/9/12</b>



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

**1203-4455**  
**Check #4021**

Date of Notification (1) <b>5/10/12</b>		Name of Building Owner / Operator (2) <b>PSE&amp;G</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #2 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>80 Park Plaza</b> City, State & Zip Code <b>Newark, NJ 07101</b> Name of Contact <b>Bob Cacamese</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Exterior</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>Devlin Ave. &amp; West Broad Street</b>		Square Feet	# of Floors						
City (5) <b>Burlington</b>	County (6) <b>Burlington</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Exterior</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>318 12<sup>th</sup> Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>Hammonton, NJ 08037</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone Number <b>609-265-2107</b>	License Number <b>00529</b>						
Scheduled Start Date (10) <b>5/14/12</b>	Scheduled Completion Date (11) <b>6/29/12</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Exterior Transite Conduit</b>	<b>1,500 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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. <b>1125</b>		Cubic Yards of Waste <b>950</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>6/29/12</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title Office Coord.		Signature 			Date <b>5/10/12</b>		



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

1107-4333 SUB8

Check #4089

Date of Notification (1) <b>5/9/12</b>		Name of Building Owner / Operator (2) <b>Kearny Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>100 Davis Ave.</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Kearny, NJ 07032</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2	Name of Contact <b>Michael Devita</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kearny High School</b>			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 <b>336 Devon Street</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Kearny</b>	County (6) <b>Hudson</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Briggs Environmental</b>			ASCM No.		
Street Address <b>3 Crosswicks Street</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
City, State & Zip Code <b>Bordentown, NJ 08505</b>			Street Address <b>PO Box 25</b>		
Project Manager for Monitoring Firm <b>Mike Hoodak</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Telephone Number <b>609-298-5520</b>			Telephone Number <b>609-265-2107</b>		
Scheduled Start Date (10) <b>4/6/12</b>			License Number <b>00529</b>		
Scheduled Completion Date (11) <b>12/31/12</b>			Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <b>3:30 PM to 11:30 PM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

## Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf  $\geq 260$  lf

- ☒ Renovation  
☐ Demolition

- ☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Material	1,090 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	768 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 117	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 101D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 122	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (GB)	350 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>12/31/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Opps. Coord.</b>	Signature <i>[Signature]</i>	Date <b>5/9/12</b>



1204-4462  
Check #4088

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

*NO Check*

Date of Notification (1) <b>5/10/12</b>		Name of Building Owner / Operator (2) <b>Bristol- Myers Squibb Company</b>	
Agencies Notified	Type Notification	Street Address <b>311 Pennington- Rocky Hill Rd.</b>	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>Pennington, NJ 08534-2130</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #3	Name of Contact <b>Yasmin Reyes</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>Burke &amp; Kerr Farm Roof</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>311 Pennington- Rocky Hill Rd.</b>			Square Feet		
City (5) <b>Pennington</b>	County (6) <b>Mercer</b>	County Code (7)	# of Floors		
			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>			Current Use (Prior if being demolished) <b>Corn Crib</b>		
Street Address <b>318 12<sup>th</sup> Street</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
City, State & Zip Code <b>Hammonton, NJ 08037</b>			Street Address <b>30 Maple Ave</b>		
Project Manager for Monitoring Firm <b>Jim Proctor</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Telephone Number <b>609-704-8850</b>			Telephone Number <b>609-265-2107</b>		
Scheduled Start Date (10) <b>5/12/12</b>			License Number <b>00529</b>		
Scheduled Completion Date (11) <b>5/19/12</b>			Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: <b>Saturday</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of Corn Crib	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	931 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/19/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title Opps. Coord.	Signature <i>[Signature]</i>		Date <b>5/10/12</b>



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

B & G proj. #: 2012-90

Check # 5252

Date of Notification (1) 05/11/12		Name of Building Owner/Operator (2) Salvatore San Philip	
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 254 Dewitt Avenue		City, State, Zip Code Belleville, NJ 07109	
Name of Contact Salvatore San Philip		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Salvatore San Philip			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 254 Dewitt Avenue			Square Feet		
City (5) Belleville, NJ 07109			County (6) Essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number 973-696-6869		License Number 0378
Sched. Completion Date (11) 5/24/2012			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
Sched. Start Date (10) 5/23/2012			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☐ Full Containment w/negative pressure      ☒ Glovebag procedure  
☒ >3 sf or >3 lf      ☐ ≥160 sf or ≥260 lf      ☒ Mini-enclosure      ☐ Non-friable procedure

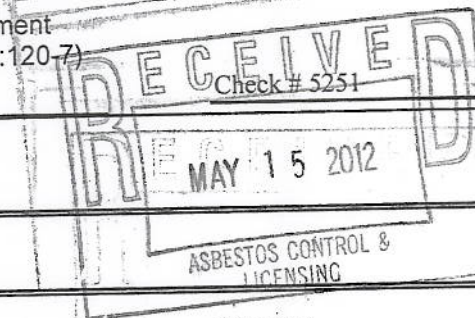
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	14 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 Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/24/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 5/11/2012



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

B & G proj. #: 2012-93



Date of Notification (1) <u>10/15/11</u> / <u>11/12/11</u>		Name of Building Owner/Operator (2) Residence Street Address <u>120 Lakewood Avenue</u> City, State, Zip Code <u>Cedar Grove, NJ 07009</u> Name of Contact <u>Carmen Findlay</u> Telephone Number	
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		

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) Residence Street Address <u>120 Lakewood Avenue</u> City (5) <u>Cedar Grove, NJ 07009</u> County (6) <u>Essex</u> 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 (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) <u>residential</u>
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u> Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Scheduled Start Date (10) <u>5/22/2012</u> Sched. Completion Date (11) <u>5/23/2012</u> Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u> Telephone Number <u>973-696-6869</u> License Number <u>0378</u> Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u> Street Address <u>105 Ryerson Road</u> City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

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			<input checked="" type="checkbox"/>	pipe insulation	105 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1 1/2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>5/23/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>5/11/2012</u>



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

B & G proj. #: 2012-92

Check # 5253

Date of Notification (1) <u>10/15/10</u> / <u>10/18/11</u> / <u>12/1</u>		Name of Building Owner/Operator (2) <u>Ann Moores</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>1 Barberry Road</u>	
		City, State, Zip Code <u>Convent Station, NJ 07961</u>	
		Name of Contact <u>Liz Harper</u>	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Ann Moores</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>1 Barberry Road</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Convent Station, NJ 07961</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>5/24/2012</u>		Sched. Completion Date (11) <u>5/26/2012</u>		Name of OSHA Monitor <u>B &amp; G Restoration, 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- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address <u>105 Ryerson Road</u>	
				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" 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			<input checked="" type="checkbox"/>	pipe insulation	245 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space #1			<input checked="" type="checkbox"/>	pipe insulation	25 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space #2			<input checked="" type="checkbox"/>	pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>4 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>5/29/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>5/8/2012</u>



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

B & G proj. #: 2012-96

Check # 5250

Date of Notification (1) <u>05/11/12</u>		Name of Building Owner/Operator (2) <u>Jordan &amp; Michael Rodner</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<u>27 Lake Road</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	<u>Millburn, NJ 07041</u>	
<input checked="" type="checkbox"/> DOH		Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<u>Liz Dotson</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Residence</u>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
<u>27 Lake Road</u>			Square Feet	# of Floors	Bldg. Age
City (5)	County (6)	County Code (7) (State use only)	Current Use (Prior if being demolished)		
<u>Millburn, NJ 07041</u>	<u>Essex</u>		<u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address			Street Address		
			<u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code		
			<u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number		License Number
			<u>973-696-6869</u>		<u>0378</u>
Scheduled Start Date (10) <u>5/21/2012</u>		Sched. Completion Date (11) <u>5/22/2012</u>			
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>					
Street Address <u>105 Ryerson Road</u>					
City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					

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 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						
1st floor Pantry Area			<input checked="" type="checkbox"/>	thin duct insulation	24 sf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor Powder room			<input checked="" type="checkbox"/>	thin duct insulation	16 sf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd fl Bathroom #1			<input checked="" type="checkbox"/>	thin duct insulation	7 sf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd fl Bathroom #2			<input checked="" type="checkbox"/>	thin duct insulation	7 sf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd fl master closet			<input checked="" type="checkbox"/>	thin duct insulation	14 sf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>1 1/2 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>				
City, State <u>Lincoln Park, NJ 07035</u>		Disposal Date <u>5/23/2012</u>		City, State <u>Tullytown, PA</u>					
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Treasurer</u>		Signature <u>Gordana Luna</u>			Date <u>5/11/2012</u>		



B &amp; G proj # 2012 94

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8-60-7 and 12-120-7)  
\*\*\*Emergency Non Sub 8\*\*\*

REMEMBER - MAIL IN HARD COPY

Check # 5249

Date of Notification (1) 10/15/10 19/11/12		Name of Building Owner/Operator (2) Cedar Grove Public Schools		MAY 15 2012 DOL 10 DAY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <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 520 Pompton Avenue City, State, Zip Code Cedar Grove, NJ 07009	
		Name of Contact Mario Gaita		Telephone Number WAIVER APPROVED	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Leonard R Parks Administration Building (non sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs/Homes etc.)		
Street Address 520 Pompton Avenue			Square Feet # of Floors Bldg. Age		
City (5) Cedar Grove, NJ 07009	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 5/14/2012		Sched. Completion Date (11) 5/18/12	Name of OSHA Monitor B & G 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: Shift 4:00 pm - 12:30 am			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Areas H - P including Area E			<input checked="" type="checkbox"/>	VAT & Mastic	4,840 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 7 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City/State Lincoln Park, NJ 07035	Disposal Date 5/21/2012	City/State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 5/9/12



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\*Emergency Non Sub 8\*\*\*

B &amp; G proj. #: 2012-94

Check # 5249

Date of Notification (1) <u>10/15/10</u> / <u>19</u> / <u>12</u>		Name of Building Owner/Operator (2) Cedar Grove Public Schools	
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 520 Pompton Avenue		City, State, Zip Code Cedar Grove, NJ 07009	
Name of Contact Mario Gaita		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Leonard R Parks Administration Building (non sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 520 Pompton Avenue			Square Feet # of Floors Bldg. Age		
City (5) Cedar Grove, NJ 07009	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 5/14/2012		Sched. Completion Date (11) 5/18/12	Name of OSHA Monitor B & G 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: Shift 4:00 pm - 12:30 am			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥100 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Areas H - P including Area E			X	VAT & Mastic	4,840 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 7 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 5/21/2012	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 5/9/12



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

B & G proj. #: 2012-94

\*\*\*Emergency Non Sub 8\*\*\*

Check # 5249

Date of Notification (1) <u>05/10/12</u>		Name of Building Owner/Operator (2) <u>Cedar Grove Public Schools</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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>520 Pompton Avenue</u>		City, State, Zip Code <u>Cedar Grove, NJ 07009</u>	
Name of Contact <u>Mario Gaita</u>		Telephone Number 	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Leonard R Parks Administration Building (non sub 8)</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>520 Pompton Avenue</u>			Square Feet   # of Floors   Bldg. Age		
City (5) <u>Cedar Grove, NJ 07009</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>School (non sub 8)</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>AHERA Consultants</u>		ASCM No. <u>0057</u>	Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>		
Street Address <u>P.O. Box 385</u>		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code <u>Oceanville, NJ 08231</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm <u>John Smoyer</u>		Phone Number <u>609-652-1833</u>	Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>
Scheduled Start Date (10) <u>5/14/2012</u>		Sched. Completion Date (11) <u>5/18/12</u>		Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>Shift 4:00 pm - 12:30 am</u>			Street Address <u>105 Ryerson Road</u>		
			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		

Scope of Work (check all that apply)

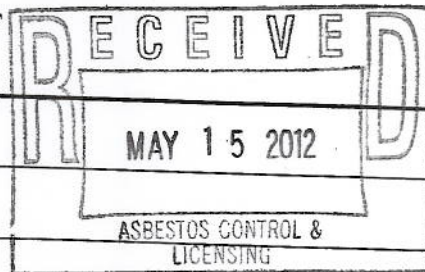
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Areas H - P including Area E			X	VAT & Mastic	4,840 sf	X			

Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>7 yards</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>5/21/2012</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>5/9/12</u>



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



Date of Notification (1)  
[ 05 ] [ 10 ] [ 12 ]

Agencies Notified

- ( ) EPA  
( ) DEP  
(x ) DOL  
(x ) DOH  
( ) DCA

Type Notification

- ( ) Emergency  
( ) Initial Notification  
(x ) Amended Notification  
( ) Cancellation

Name of Building Owner/Operator (2)  
**Hoffmann-LaRoche**

Street Address  
**340 Kingsland Street**

City, State, Zip Code  
**Nutley, NJ 07110**

Name of Contact  
**Behrami Irani**

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is taking Place (3)  
**Building 39**

Street Address  
"same as above"

Type of Facility (4)

- { } School (K-12)  
{ } Subchapter 8 (other than K-12)  
{ X } Other (i.e., private & commercial buildings, homes, etc.)

City (5)

County (6)  
**Essex**

County Code (7)  
(STATE USE ONLY)

Square Feet | # of Floors | Bldg. Age

Current use (Prior if being demolished)  
boiler house

Name of Monitoring Firm Hired by Building Owner (8) Owner EHS Dept. or (EHI) ASCM No.

Name of Abatement Contractor (9)

**POW/R/SAVE Inc.**

Street Address

**340 Kingsland (655 West Shore Tr.)**

Street Address **27 West Street**

City, State, Zip Code  
**Nutley, NJ (Sparta, NJ)**

City, State, Zip Code  
**Bloomfield, NJ 07003**

Project Manager for Monitoring Firm Telephone Number  
**973-235-3286 (973-729-5649)**

Telephone Number  
**(973) 680-0088**

License Number **357**

Scheduled Start Date (10) Sched. Completion Date (11)  
[ 04 ] / [ 30 ] / [ 12 ] [ 07 ] / [ 31 ] / [ 12 ] \*\*

Name of OSHA Monitor

Month Day Year Month Day Year

Street Address

City, State, Zip Code

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

[ ] Abatement Performed Outside of Normal Facility Hours - Describe:

[ x ] Other - Describe: 7 am - 230 pm

Scope of Work (Check all that apply) [ ] Full Containment with Negative Pressure w/ remote shower

[ x ] Demolition

[ ] Renovation

[ x ] Mini-Enclosure

[ x ] ≥ 3 sf or ≥ 3 lf

(x ) Glovebag Procedure

[ ] ≥ 160 sf or ≥ 260 lf

[ ] Non-Friable Procedure

	Is Location Used Solely By Maintenance/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Boilers							
piping							
		Surface area (possible additional)	150 sf	x			
		Piping (possible additional)	20 lf	x			

Name of Registered Waste Hauler  
**Waste Management**

NJDEP Waste Hauler ID No 304597

Cubic Yards of Waste

Name of Registered Landfill

**Tullytown Resource Recovery & Grand Central**

City, State **Morrisville PA**

Disposal Date

City, State **Tullytown, PA, Pen Argyl PA**

Completed By (Print or Type)

**Sharon Hendee**

Title

**owner**

Signature

Date **5/10/12**

\* work and completion dates subject to other trades and possible additional quantities after demo commences.



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

Date of Notification (1) [ 05 ] [ 10 ] [ 12 ]		Name of Building Owner/Operator (2) <b>Hoffmann-LaRoche</b>	
Agencies Notified ( ) EPA ( ) DEP ( x ) DOL ( x ) DOH ( ) DCA	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  MAY 15 2012  ASBESTOS CONTROL &amp; LICENSING </div>
	( x ) Initial Notification	340 Kingsland Street	
	( ) Amended Notification	City, State, Zip Code <b>Nutley, NJ 07110</b>	
	( ) Cancellation	Name of Contact <b>Paul Peskowsky</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is taking Place (3) <b>Building 76</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 "same as above"	

City (5)	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors <b>15</b>	Bldg. Age
			Current use (Prior if being demolished) labs & offices.		

Name of Monitoring Firm Hired by Building Owner (8) <b>E.H.I</b>	ASCM No.	Name of Abatement Contractor (9) <b>Pow/R/Save Inc.</b>
Street Address <b>655 W. Shore Trail</b>		Street Address <b>27 West Street</b>
City, State, Zip Code <b>Sparta, NJ 07871</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>
Project Manager for Monitoring Firm <b>973-729-5649</b>	Telephone Number	License Number <b>357</b>
Scheduled Start Date (10) [ 05 ] / [ 24 ] / [ 12 ]	Sched. Completion Date (11) [ 05 ] / [ 25 ] / [ 12 ]	Telephone Number <b>(973) 680-0088</b>
Month Day Year	Month Day Year	Name of OSHA Monitor
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: 7 am - 230 pm		Street Address
		City, State, Zip Code

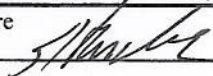
Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location 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	NA			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
<b>Basement</b>				(2) valves	4 lf	x			
<b>Sub basement</b>				(2) elbows (1) valve	4 lf	x			

Name of Registered Waste Hauler <b>Waste Management</b>	NJDEP Waste Hauler ID No 304597	Cubic Yards of Waste	Name of Registered Landfill <b>Tullytown Resource Recovery &amp; Grand Central</b>
City, State <b>Morrisville PA</b>	Disposal Date	City, State <b>Tullytown, PA, Pen Argyl PA</b>	
Completed By (Print or Type) <b>Sharon Hendee</b>	Title Owner	Signature 	Date <b>5/10/12</b>



**State of New Jersey**      **1205-4481 Check #4091**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) <b>5/9/12</b>		Name of Building Owner / Operator (2) <b>Kennedy Health Facilities</b>	
Agencies Notified	Type Notification	Street Address <b>2 Regulus Drive</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Turnersville, NJ 08012</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	Name of Contact <b>George Lodish</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" 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>Kennedy Memorial Hospital</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>18 East Laurel Rd.</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Stratford</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address <b>3370 Progress Drive</b>			Street Address <b>PO Box 25</b>		
City, State & Zip Code <b>Bensalem, PA 19020</b>			City, State & Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone Number <b>215-244-1300</b>	Telephone Number <b>609-265-2107</b>		License Number <b>00529</b>
Scheduled Start Date (10) <b>5/9/12</b>	Scheduled Completion Date (11) <b>5/11/12</b>		Name of OSHA Monitor <b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>108 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

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

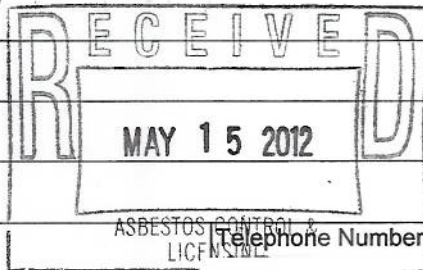
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Pharmacy Area</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Asbestos Fireproofing</b>	<b>381 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>TRRF Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/11/12</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Opps. Coord.</b>	Signature 		Date <b>5/9/12</b>



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

**1205-4480**  
**Check #4092**



Date of Notification (1) <b>5/10/12</b>		Name of Building Owner / Operator (2) <b>Robert Wood Johnson Hospital</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>One Robert Wood Johnson Place</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended #	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>New Brunswick, NJ 08901</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Bob Nolan</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital- Pent House</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
<b>One Robert Wood Johnson Place</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
<b>New Brunswick</b>			Square Feet	# of Floors	Bldg. Age
County (6)	County Code (7)		Current Use (Prior if being demolished)		
<b>Middlesex</b>			<b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>			Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		
Street Address			Street Address		
<b>280 Huyler Street</b>			<b>PO Box 25</b>		
City, State & Zip Code			City, State & Zip Code		
<b>South Hackensack, NJ 07606</b>			<b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
<b>Geiser Fajardo</b>		<b>201-489-8400</b>	<b>609-265-2107</b>		<b>00529</b>
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
<b>5/29/12</b>	<b>6/1/12</b>		<b>EMSL Analytical</b>		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>108 Haddon Ave.</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours			City, State & Zip Code		
Describe:			<b>Westmont, NJ 08108</b>		
<input checked="" type="checkbox"/> Facility Occupied During Abatement					

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 ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Penthouse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Duct Insulation</b>	<b>200 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>TRRF Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>6/1/12</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title Opps. Coord.	Signature 	Date <b>5/10/12</b>



STEVENS ENVIRONMENTAL  
Services INC  
CHECK # 24775

RECEIVED  
hisholm  
ut Street MAY 15 2012  
NJ 08542  
Telephone Number 3



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

*check #2277*

Date of Notification (1) <b>05 / 09 / 12</b>		Name of Building Owner/Operator (2) <b>Leon Lazarus &amp; Shirley Weitz</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>11 Stonelea Drive</b>	
		City, State, Zip Code <b>West Windsor, NJ 08550</b>	
		Name of Contact <b>Shirley Weitz</b>	Telephone Number

RECEIVED  
MAY 15 2012

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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>11 Stonelea Drive</b>		Square Feet <b>1900</b>	# of Floors <b>2</b>
City (5) <b>West Windsor</b>		Bldg. Age <b>50+</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>120 N Warren Street</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Rick Beach</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>5 / 23 / 12</b>	Scheduled Completion Date (11) <b>5 / 23 / 12</b>	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> / ____ PM- ____ 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 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

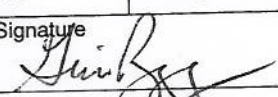
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Foundation Heat Registers</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transite</b>	<b>40 SF</b>	<input type="checkbox"/>	<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"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/2</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>5/21/12</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>5/9/12</b>



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

check # 2271 -

Date of Notification (1) <b>05 / 08 / 12</b>			Name of Building Owner/Operator (2) <b>Virtua Memorial Hospital of Burlington County</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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>175 Madison Ave.</b>					
				City, State, Zip Code <b>Mount Holly, NJ 08060</b>					
				Name of Contact <b>Diana Amey</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Virtua Memorial Hospital of Burlington County</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>175 Madison Ave.</b>				Square Feet					
City (5) <b>Mount Holly</b>				# of Floors					
County (6) <b>Burlington</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>28 N. Penell Road</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Dave Turotsy</b>		Telephone No. <b>610-891-0114</b>		Telephone No. <b>215-788-6040</b>					
				License No. <b>00509</b>					
Start Date (10) <b>05 / 09 / 12</b>		Scheduled Completion Date (11) <b>05 / 09 / 12</b>		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>7AM-3:30PM-AM</b>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>25 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Corridor outside kitchen</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile and mastic</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>5/9/12</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>		Signature 		Date <b>5/8/12</b>			