


* Emergency *

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

CK 234E

Date of Notification (1) 11/3/11		Name of Building Owner/Operator (2) David & Michelle Klein / Residence		NOV - 9- 2011					
Agencies Notified	Type Notification	Street Address 220 Highland Avenue		City, State, Zip Code Moorestown, NJ 08057					
<input checked="" type="checkbox"/> EPA <input checked="" 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 David		Telephone Number 958-122-3300					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) David & Michelle Klein			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 220 Highland Avenue			Square Feet 1000+						
City (5) Moorestown, NJ 08057			# of Floors 1		Bldg. Age 35+				
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .		Name of Abatement Contractor (9) Pernaco Inc					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
Start Date (10) 11/5/11		Scheduled Completion Date (11) 11/7/11		License No. 00727					
Name of OSHA Monitor Pernaco Inc			Name of OSHA Monitor Pernaco Inc						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: weekend home owner will be home			Street Address PO Box 329						
			City, State, Zip Code West Berlin NJ 08091						
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) 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 Laundry / office area			x	Floor Tile / Mastic	200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 11/7/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 11/3/11			

David & Michelle Klein
220 Highland Avenue
Moorestown, NJ 08057

New Jersey Department of Labor and Licensing
Div. Asbestos Control and Licensing
Section I, John Fitch Plaza
Third Floor
Post Office Box 949
Trenton, New Jersey 08625-0949

Re: Asbestos Tile Removal

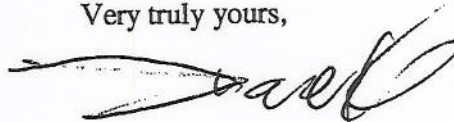
To Whom It May Concern:

As a result of the recent flooding and hurricanes, we have had to remove carpeting from our basement. Beneath the carpeting was tile which began lifting up from the water. Because we have small children at home, we became concerned and had the v/a tile tested. Both the tile and adhesive came up positive for asbestos.

After a short delay, we were able to locate a company to safely remove the tile and the adhesive - Pernaco, Incorporated. It is my understanding that there is a 10 day notification period before the work can begin. Due to the relatively small area involved and nature of the potential harm to my children and the fact that some of the tile is already coming loose exposing the adhesive, we are requesting that the DEP waive the 10 day notification requirement so that the hazardous material can be removed immediately.

Thank you for your prompt attention to this matter.

Very truly yours,



DAVID ALAN KLEIN

DAK/ms

cc: Pernaco Incorporated

EMERGENCY
No HEAT - LEAKING

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

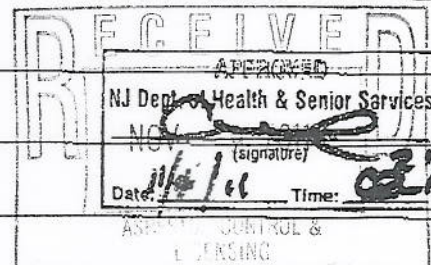
Check # 3172
DOL - 10 DAY

Date of Notification (1) 11-2-11		Name of Building Owner/Operator (2) L. W. EASTON		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 3 2011 NO 14/11 OTRAH/VER APPROVED </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 MAIN STREET City, State, Zip Code MADISON, NJ 07940 Name of Contact L. EASTON			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) L. W. EASTON Street Address 155 MAIN STREET City (3) MADISON County (3) MORRIS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2000 # of Floors 2 Bldg. Age 88 YRS Current Use (Prior to being demolished) RESIDENCE / OFFICE			
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASOM No. 	Name of Abatement Contractor (9) Best Removal Inc Street Address 450 South River St City, State, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 License No. 00388		
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Omega Environmental Services Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606			
Start Date (10) 11-5-11 Scheduled Completion Date (11) 11-6-11		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: 7 AM 5 PM			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> < 25 sf or < 25 ft <input type="checkbox"/> > 160 sf or > 260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) 	
				Amount (Specify SF or LF) 	
Name of Registered Waste Hauler DJM Transport, Inc NJDEP Waste Hauler ID No. 22393		Cubic Yards of Waste 114 yd Disposal Date 11-6-11		Name of Registered Landfill Cumberland County Landfill City, State Newburgh PA, 17242	
City, State South Kearny N.J. 07032		Completed by R. VELORAN Title Estimator		Signature R. Veloran Date 11-2-11	

State of New Jersey

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

Check #: 9857



Date of Notification (1) 11/4/11		Name of Building Owner/Operator (2) Everette Ross	
Agencies Notified	Type Notification	Street Address 155 Pemberton Road	
<input type="checkbox"/> JEPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Plainfield, NJ 07060	
<input type="checkbox"/> JDEP	<input type="checkbox"/> Amended Notification	Name of Contact Everett Ross	
<input checked="" type="checkbox"/> JOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 155 Pemberton Road			Square Feet 2200		
City (5) Plainfield			County (6) Union	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 95		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 11/5/11			Sched. Completion Date (11) 11/8/11		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Name of OSHA Monitor N/A		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>Off Hours Descript</u>			Street Address		
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			City, State, Zip Code		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Friable Procedure	

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

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.2	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11/9/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 11/4/11		

Subject: Asbestos Removal
From: Everett.Ross@merial.com (Everette.Ross@merial.com)
To: aztechnj@yahoo.com;
Date: Friday, November 4, 2011 10:41 AM

Good Morning,

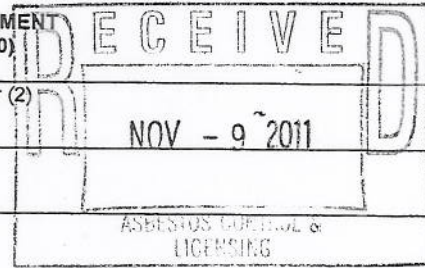
To whom it may concern,

In my home I have asbestos covering my heating pipes. The last couple of days have been hard on my family because of having steam heating and not being able to turn on the heat. We have been waking up to a cold home with only space heaters in the rooms we sleep in. We would like to request immediated service so as to have the pipes repaired as soon as possible. I have two young kids and are unable to eat and live in the rest of the house because of the cold temperatures.

Please notify me as soon as possible so that we can have this work done. (November 4, 2011)

Everette Ross
155 Pemberton Ave
Plainfield NJ 07060

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



Date of Notification (1) 10/31/11		Name of Building Owner/Operator (2) Elsie Getz / residence							
Agencies Notified	Type Notification	Street Address 21 West Brig							
<input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tuckerton NJ 08087							
		Name of Contact Elsie Getz	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elsie Getz / residence		Type of Facility (4)							
Street Address 21 West Brig		<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) Tuckerton NJ 08087		Square Feet 1000	# of Floors 1						
County (6) ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. .	Telephone No. 856-753-9800						
Start Date (10) 11/9/11		Scheduled Completion Date (11) 11/15/11	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Pernaco Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 329							
		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
living room			x	Floor Tile	350 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Elm NJ		Disposal Date 11/15/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/31/11			

8984 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 11/04/2011		Name of Building Owner/Operator (2) Jorge Arganca	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Type of Notification (X) Initial Notification () Amended Amendment # (X) Emergency (including justification) () Cancellation	Street Address 1301 Bergenline Ave. Apt #2 City, State, Zip Code Union City, NJ, 07087	
		Name of Contact Jorge Arganca	Tel. Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1301 Bergenline Ave		Sq. Feet: 5000 # of Floors 2 Bldg. Age 60	
City (5) Union City	County (6) Hudson	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		Name of Contractor (9) ISES, Inc.	
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 11/08/2011	Scheduled Completion Date (11) 11/08/2011	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Unoccupied during abatement		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Demolition (X) Renovation () Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
Basement		TSI Pipe Insulation	70 LFT
		TSI Boiler Insulation	10 SFt
Name of Reg. Waste Hauler Vision Transport		NJDEP Waste Hauler ID # 22393	Cubic Yards of Waste 1
City, State 2 Fish House Road, Kearny, NJ 07032		Disp. Date 11/08/2011	Name of Reg. Landfill Cumberland County Landfill
City, State Newburg, PA 17242		Signature [Signature]	Date 11/04/2011
Completed by (Print or Type) Jorge Delgado	Title Project Supervisor		

November 4, 2011

Jorge Arganca
1301 Bergenline Ave., Apt #2
Union City, NJ 07087

Tom Voorhees
New Jersey Department of Labor
Office of Asbestos Control and Licensing
1 John Fitch Plaza 3rd Floor
P.O. BOX 949
Trenton, NJ 08625

Re: Request for emergency asbestos notification project for property located on
1301 Bergenline Avenue, Apt #2
Union City, NJ 07087

Dear Mr. Voorhees:

I hereby request emergency notification of asbestos abatement at my property located on 1301 Bergenline Avenue, Apt #2 Union City, NJ 07087 due to boiler repairs, which we need completed as soon as possible to provide us with heat during the already cold weather.

Please approve the attached abatement notification form as drawn by our contractor Industrial Safety and Environmental Solution, LLC.

Thank you very much for your assistance in this matter.

Sincerely yours,



Jorge Arganca


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

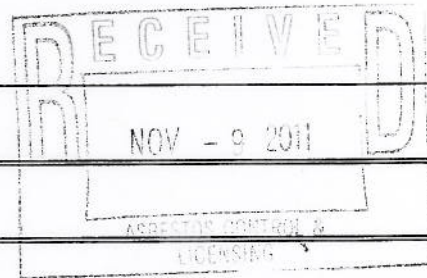
CR # 2169

Date of Notification (1) 11/4/11		Name of Building Owner / Operator (2) Hess Corporation		NOV - 9 2011					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address One Hess Plaza						
			City, State & Zip Code Woodbridge, NJ 07095						
			Name of Contact John Philbin		Telephone Number 732-750-7034				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hess Corporation			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 420 Hook Road			Square Feet	# of Floors	Bldg. Age				
City (5) Bayonne	County (6) Hudson	County Code (7)	Current Use (Prior if being demolished) Exterior						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 North Warren St		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Rick Beach		Telephone Number (609) 392-4200	Telephone Number (215) 788-6040	License Number 00509					
Scheduled Start Date (10) 11/16/11	Scheduled Completion Date (11) 11/16/11		Name of OSHA Monitor Bristol Environmental 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 Hours – Describe: Exterior Removal <input checked="" type="checkbox"/> Facility Occupied During Abatement: 7am – 3:30pm			Street Address 1123 Beaver Street						
			City, State & Zip Code Bristol, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> 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
Exterior- 2608 LCO Corner Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fittings	6 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 11/16/11	City, State Morrisville, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 11/4/11				

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) November 4, 2011		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV - 9 2011 Telephone Number 1-2-633-4021 </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	243 East State Street City, State & Zip Code Trenton NJ Name of Contact Anthony Porta							
		Square Feet 20000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Central Office			Type of Facility (4)						
Street Address 243 East State Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Trenton	County (6) Mercer	County Code (7)	Square Feet 20000	# of Floors 3	Bldg. Age				
			Current Use (Prior if being demolished) Verizon communication center						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC						
Street Address 1253 North Church Street			Street Address 1123 BEAVER STREET						
City, State & Zip Code Moorestown NJ			City, State & Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm MIKE STOCKU		Telephone Number 856-840-8800	Telephone Number 215-788-6040	License Number 00509					
Scheduled Start Date (10) 11/21/11	Scheduled Completion Date (11) 11/22/11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC						
Occupancy Status During Abatement (Check only one)			Street Address 1123 BEAVER STREET						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 4:00 PM <input checked="" type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> 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
3rd Floor MER Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	300 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill GROWS LANDFILL					
City, State BRISTOL, PA		Disposal Date TBD	City, State MORRISVILLE, PA						
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / jhl</i>		Date 11/4/11				

D&S Proj. #: MS 11-447

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

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) TAMI & JEREMY MINTON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 57 BROADVIEW AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAPLEWOOD, NJ 07040	
		Name of Contact TAMI & JEREMY MINTON	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) TAMI & JEREMY MINTO			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 57 BROADVIEW AVENUE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX		# of Floors
			County Code (7) (State use only)		Bldg. Age
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			Telephone Number 973-345-8020		License Number 00159
Phone Number			Name of OSHA Monitor D & S Restoration, Inc.		
Start Date (10) 11/16/11			Sched. Completion Date (11) 11/25/11		
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 type="checkbox"/> ≥160 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						
BASEMENT		X		PIPE INSULATION	118 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 11/17/11		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC				Title PRESIDENT		Signature		Date 11/04/11	

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

D&S Proj. #: MS 11-449

DECEMBER 3 9 55
NOV - 9 2011

Date of Notification (1) 11/1/10 4/11		Name of Building Owner/Operator (2) SOPHIE BENDA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 635 BAILEY AVENUE City, State, Zip Code ELIZABETH, NJ 07205	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact SOPHIE BENDA Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SOPHIE BENDA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 635 BAILEY AVENUE			Square Feet # of Floors Bldg. Age		
City (5) ELIZABETH	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 00159
Start Date (10) 11/07/11	Sched. Completion Date (11) 11/18/11		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	209 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	81 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 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/08/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/04/11

Date: 11 / 4 / 2011

D & S Restoration, Inc.
20 California Avenue
Paterson, NJ 07503

Worksite Address: 635 - Prikey Ave, Elizabeth, NJ

To Whom It May Concern:

I am the owner of the above referenced Worksite address. The furnace located in my basement is inoperative and needs to be replaced ASAP in order to heat the house.

The furnace is insulated with asbestos material. The asbestos needs to be removed prior to installation of the new furnace.

I understand that various Federal and State Agencies require written 10-day notification prior to starting any asbestos abatement work, and that it may be possible to start the asbestos abatement work sooner than the 10 day period in the event of an emergency.

Since I currently do not have heat in my house, I feel that the asbestos abatement work should be given immediate attention.

Please accept this letter as a request to commence with asbestos abatement activities as soon as possible and upon receiving approval to do so by the applicable Federal and State Agencies having jurisdiction.

If you have any questions or comments, please do not hesitate to contact me at the following telephone number: _____

Very truly yours,

Sophie Benda
Printed Name of owner

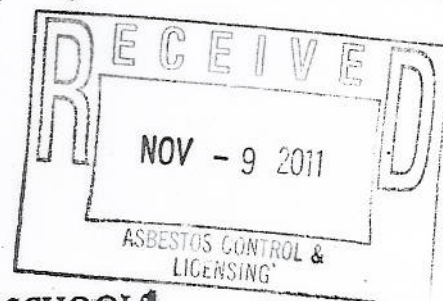
Sophie Benda
Signature of owner

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) November 4, 2011		Name of Building Owner/Operator (2) Vernon Township Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 60 Sammis Road		Street Address 539 Route 515	
City (5) Vernon		City, State, Zip Code Vernon, NJ 07462	
County (6) Sussex		Name of Contact Mr. Darryl Storms	
County Code (7) (State Use Only)		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rolling Hills Elementary School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 20-21 Wagaraw Road, Bldg # 34A		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
Current Use (prior if being demolished):		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		Street Address 268 MAIN STREET	
ASCM No. 00079		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson		Telephone Number 973-492-0477	
Telephone Number 973-636-9145		License Number 00840	
Scheduled Start Date (10) November 10, 2011		Name of OSHA Monitor EMSL inc.	
Scheduled Completion Date (11) November 14, 2011		Street Address 1056 Stelton Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Boiler Room	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Boiler Insulation Flue Insulation Pipe & Fittings	Amount (Specify SF or LF) 300 SF 100 SF 100 LF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Name of Registered Landfill Meadowfill Landfill	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date November 14, 2011	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>
		Date November 4, 2011	

GAC # 2011-299

**OFFICE OF THE SUPERINTENDENT OF SCHOOLS**

539 Route 515 • P.O. Box 99 • Vernon, NJ 07462 • Voice (973) 764-2900 • Fax (973) 764-0033

www.vtsd.com

Barbara Linkenheimer
Assistant Superintendent
blinkenheimer@vtsd.com

John B. Alfieri, Ed. D.
Superintendent of Schools
jalfieri@vtsd.com

Steven A. Kepnes
Business Administrator/Board Sec'y
skepnes@vtsd.com

November 4, 2011

Mr. Thomas P. Voorhees
Occupational Safety Consultant
Asbestos Control & Licensing
New Jersey Department of Labor and Workforce Development
1 John Fitch Plaza
Trenton, NJ 08625-0949

**Re: Emergency Notification Request
Vernon Township Public Schools
Rolling Hills Elementary School Boiler Room Asbestos Abatement**

Dear Mr. Voorhees,

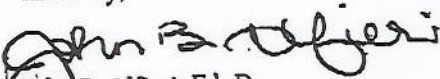
We are requesting a waiver of relieve of the ten day asbestos notification period for the asbestos project listed above. The amount of asbestos material removed will be, 300 SF of asbestos covered boiler insulation, 100 SF of flue insulation and 100 LF of TSI in the boiler room. The boiler will be removed in its entirety.

The asbestos air testing will be performed by Enviro Vision, Inc. The asbestos abatement contractor will be Greenwood Abatement Consultants, Inc.

Due to the inclement weather and start of our heating season it is imperative that we remove the asbestos material, demolition of the dead boiler and install a new boiler. This project is scheduled to be performed during the time when the building is vacant, from Thursday, November 10, 2011 to Sunday, November 13, 2011.

I would appreciate your understanding in order for this project to progress as soon as possible.

Sincerely,

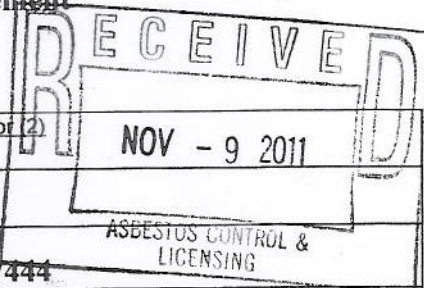

John B. Alfieri, Ed. D.
Superintendent of Schools

JBA/rg

C: Mr. Kepnes
Mr. DeLaRosa

State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) November 4, 2011		Name of Building Owner/Operator (2) Anthony Scerbo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 18 Van Riper Avenue City, State, Zip Code Pompton Plains, NJ 07444 Name of Contact Mr. Anthony Scerbo Telephone Number [REDACTED]
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
Street Address 18 Van Riper Avenue		Current Use (prior if being demolished):	
City (5) Pompton Plains	County (6)	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		ASCM No. 00079	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 20-21 Wagaraw Road, Bldg # 34A		Street Address 268 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) November 14, 2011	Scheduled Completion Date (11) November 16, 2011	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: Day Shift		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & Mastic	Amount (Specify SF or LF) 700 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 3	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date November 16, 2011	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date November 4, 2011

GAC # 2011- 9016

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

VIA U.S. Mail
chk # 2394

Date of Notification (1) 11/5/11		Name of Building Owner/Operator (2) Ms KAREN HANSURI							
Agency 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 680 NO. BEERS ST							
		City, State, Zip Code HOLMDEL N.J.							
		Name of Contact Ms HANSURI							
<div style="text-align: right; border: 1px solid black; padding: 5px; width: 150px; float: right;"> RECEIVED NOV - 9 2011 </div> <div style="clear: both;"></div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 680 NO. BEERS ST		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		Square Feet 2,500	# of Floors 2						
City (5) HOLMDEL N.J.		Bldg. Age 40							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEIDENT							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC							
Street Address		Street Address P.O. Box 814							
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 238x7500	License No. 00806						
Start Date (10) 11/14/11	Scheduled Completion Date (11) 11/21/11	Name of OSHA Monitor NOVATECH INC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814							
		City, State, Zip Code OLD BRIDGE N.J. 08857							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	< 85 L/F	X			
Name of Registered Waste Hauler: NOVATECH INC NJDEP Waste Hauler ID No.: 18501 Cubic Yards of Waste: 4 Name of Registered Landfill: G.R.O.W.S.									
City, State OLD BRIDGE N.J.				Disposal Date 11/21/11	City, State PHILADELPHIA P.A.		Date 11/4/11		
Completed by CARLOS ALMEIDA				Title PRESIDENT					

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/4/11 Time: 11:41
Emergency Notification

MO#19077315737

Date of Notification (1)

11/04/2011

Name of Building Owner/Operator (2)

Foyah McLeod

Street Address

1039 Seib Avenue

City, State, Zip Code

Elizabeth, NJ 07202

Name of Contact

Foyah McLeod

NOV - 9 2011

ASBESTOS CONTROL &
LICENSING

Telephone Number

Agency Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (Including
 justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3)

Private home

Street Address

1039 Seib Avenue

City (5)

Elizabeth, NJ 07202

County (6)

County Code (7) (STATE USE
ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter B (Other than K-12)
☒ Other (i.e. private & commercial buildings,
 homes, etc.)

Square Feet

of Floors

Bldg. Age

Union

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

11/05/2011

Scheduled Completion Date (11)

11/06/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Frangible 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	Encapsulate Repair	Enclosure
Basement			x	Pipe insulation	15 LF	x		

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N.Jevtic

ASB-41

NJDEP Waste Hauler
ID No.

0033785

Cubic Yards of
Waste

Disposal Date

Name of Registered Landfill

T.R.R.P. Inc

City, State

Tullytown, PA

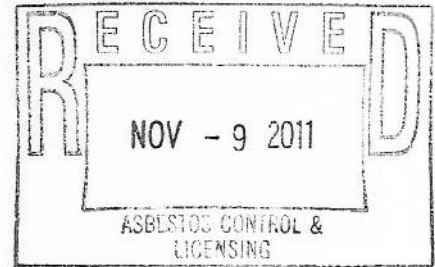
Signature

Date

11/04/2011

Do not use this form for asbestos licensure exempted activities.

Foyah McLeod
1039 Seib Ave.
Elizabeth NJ 07202



To: Department Of Health

Due to the recent tragic events with Hurricane Irene our basement was flooded causing the lost of our boiler. My family and I had made efforts to reach out to FEMA and we was just rewarded a grant to replace our damaged equipment. Now that we have a vender that is willing to come in Monday to replace the boiler, we need the pipe insulation to be taken out before the job can take place. We are requesting if it is possible to wave the ten day grace period for this job so we can get the plumbers to come in and put the new furnace in place.

Thank You,

A handwritten signature in cursive script, appearing to read "Foyah McLeod".

Foyah McLeod

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

MO#19077315726

Date of Notification (1)

11/04/2011

Agency Notified

☒ EPA
☐ DEP
☒ DOL

☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☒ Emergency (Including Justification)
☐ Cancellation

Name of Building Owner/Operator (2)

Delores Ford

Street Address

117 Kearney Avenue

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Delores Ford

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

117 Kearney Avenue

City (5)

Jersey City, NJ 07305

County (6)

Hudson

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

11/05/2011

Scheduled Completion Date (11)

11/06/2011

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ ≥160 sf or >280 lf

☒ Renovation
☐ Demolition

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

Location of
Asbestos-Containing Material (ACM)
TO BE ABATED
IN Facility
(13)

Is Location
Normally
Used Solely by
Maintenance/
Custodial
Staff?
(12)

Yes No N/A

Description of
Asbestos Containing Material (ACM)
(i.e., thermal systems insulation,
surfacing, VAT, or
other miscellaneous)

Amount
(Specify
SF or LF)

Abatement
Type

Removal
Repair
Encapsulate
Enclosure

Basement

Pipe insulation

40 LF

x

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

Completed by

N. Jevtic
ASB-41NJDEP Waste Hauler
ID No.

0033785

Cubic Yards of
Waste

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

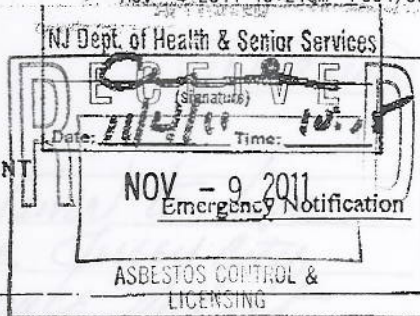
Signature

Heather Senad

Date

11/04/2011

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



APPROVED
NJ Dept. of Health & Senior Services

Paul C. Horner
(signature)

Date: 11/1/11 Time: 11:04 AM

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:18)

STEVENS ENVIRONMENTAL
SERVICES, INC.
CHECK # 0833

RECEIVED
NOV 9 2011

Date of Notification (1) <u>11/1/11</u>		Name of Building Owner/Operator (2) <u>Educational Testing Service</u>	
Agencies Notified	Type Notification	Street Address <u>Rosedale Road</u>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <u>Princeton, NJ 08541</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <u>John Bailey</u>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number <u>[REDACTED]</u>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3) <u>ETS - Wood Hall</u>		Type of Facility (4)	
Street Address <u>Rosedale Road</u>		<input type="checkbox"/> School (K-12)	
City (5) <u>Princeton</u>		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Current Use (Prior if being demolished) <u>Office</u>	
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>	
Start Date (10) <u>11/1/11</u>		License No. <u>00493</u>	
Scheduled Completion Date (11) <u>11/4/11</u>		Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>PO Box 341</u>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input checked="" type="checkbox"/> Other - Describe: <u>6PM - 12 Midnight</u>			

Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 280 lf

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ 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
<u>bathroom</u>			<input checked="" type="checkbox"/>	<u>asbestos fittings</u>	<u>25 fittings</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/4/11</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <i>[Signature]</i>	Date <u>11/1/11</u>		

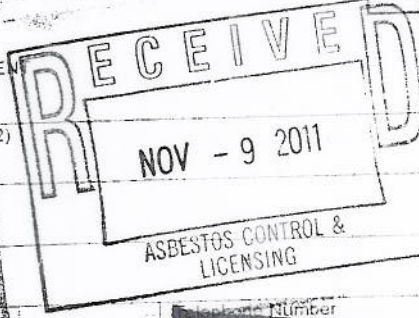
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11/04/2011		Name of Building Owner/Operator (2) Kinder Morgan		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED NOV - 9 2011 ASBESTOS CONTROL & REMEDIATION Telephone Number: [REDACTED] </div>					
Agencies Notified		Street Address 78 Lafayette Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Carteret, NJ 07008							
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Matthew Manchester							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kinder Morgan				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 78 Lafayette Street				Square Feet 2,500	# of Floors 1				
City (5) Carteret				Bldg. Age 63					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Industrial					
Name of Monitoring Firm Hired by Building Owner (8) Groundwater & Environmental Services, Inc.		ASCM No. N/A		Name of Abatement Contractor (9) VersiTech Industrial Services of PA, Inc					
Street Address 1340 Campus Parkway, Suite B4		Street Address 100 Alexander Drive		City, State, Zip Code Monaca, PA 15061					
City, State, Zip Code Neptune, NJ 07753		Telephone No. 800-220-3068		Telephone No. 724-728-6144	License No. 01123				
Project Manager for Monitoring Firm Matthew Ferrari		Name of OSHA Monitor VersiTech Industrial Services of PA, Inc		Street Address 100 Alexander Drive					
Start Date (10) 10/26/11		Scheduled Completion Date (11) 11/04/11		City, State, Zip Code Monaca, PA 15061					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Roof on Burma Road			x	Transite Sheets	2,528 sq ft	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 20	Name of Registered Landfill Waste Management - GROWS Landfill				
City, State Newark, New Jersey		Disposal Date 11/04/11		City, State Morrisville, PA 19067					
Completed by Barry Kreider		Title Project Manager		Signature <i>[Signature]</i>			Date 11-04-11		

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

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

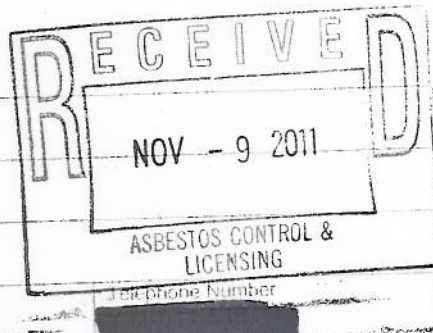
Print Form



Date of Notification (1) 10/21/2011		Name of Building Owner/Operator (2) Kinder Morgan	
Agencies Notified	Type Notification	Street Address 78 Lafayette Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Carteret, NJ 07008	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Matthew Manchester	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kinder Morgan		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 78 Lafayette Street		Square Feet 2,500	# of Floors 1
City (5) Carteret		Bldg. Age 63	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial	
Name of Monitoring Firm Hired by Building Owner (8) Groundwater & Environmental Services, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) VersiTech Industrial Services of PA, Inc.
Street Address 1340 Campus Parkway, Suite B4		Street Address 100 Alexander Drive	
City, State, Zip Code Neptune, NJ 07753		City, State, Zip Code Monaca, PA 15061	
Project Manager for Monitoring Firm Matthew Ferrari		Telephone No. 800-220-3068	Telephone No. 724-728-6144
Start Date (10) 10/26/11		Scheduled Completion Date (11) 11/11/11	License No. 01123
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor VersiTech Industrial Services of PA, Inc.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 100 Alexander Drive	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Monaca, PA 15061	
<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)
Warehouse Roof on Burma Road	Yes No N/A x	Transite Sheets	2,528 sq ft
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management - GROWS Landfill
City, State Newark, New Jersey	Disposal Date 11/11/11	City, State Morrisville, PA 19067	
Completed by Jim Kreider	Title Project Manager	Signature <i>[Signature]</i>	Date 10-21-11

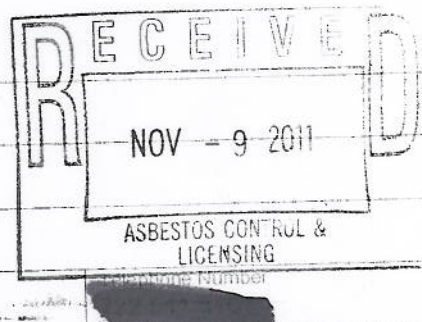
* Do not use this form for asbestos licensure exempted activities

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



Date of Notification (1) 9/30/2011		Name of Building Owner/Operator (2) Kinder Morgan							
Agencies Notified	Type Notification	Street Address 78 Lafayette Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carteret, NJ 07008							
		Name of Contact Matthew Manchester							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kinder Morgan		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 78 Lafayette Street		Square Feet 2,500	# of Floors 1						
City (5) Carteret		Bldg. Age 63							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Groundwater & Environmental Services, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) VersiTech Industrial Services of PA, Inc.						
Street Address 1340 Campus Parkway, Suite B4		Street Address 100 Alexander Drive							
City, State, Zip Code Neptune, NJ 07753		City, State, Zip Code Monaca, PA 15061							
Project Manager for Monitoring Firm Matthew Ferrari		Telephone No. 800-220-3068	Telephone No. 724-728-6144						
License No. 01123		Name of OSHA Monitor VersiTech Industrial Services of PA, Inc.							
Start Date (10) 10/26/11	Scheduled Completion Date (11) 11/11/11	Street Address 100 Alexander Drive							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Monaca, PA 15061							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Feasible 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
Warehouse Roof on Burma Road			X	Transite Sheets	2,528 sq ft	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill Monmouth County Reclamation Center					
City, State Newark, New Jersey		Disposal Date 11/11/11		City, State Tinton Falls, NJ 07753					
Completed by Jim Kreider		Title Project Manager		Signature 		Date 9-30-11			

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



Date of Notification (1) 9/12/2011		Name of Building Owner/Operator (2) Kinder Morgan						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 78 Lafayette Street City, State, Zip Code Carteret, NJ 07008 Name of Contact Matthew Manchester					
	FACILITY INFORMATION							
	Name of Facility Where Abatement is Taking Place (3) Kinder Morgan		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 78 Lafayette Street	Square Feet 2,500	# of Floors 1					
City (5) Carteret	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial					
Name of Monitoring Firm Hired by Building Owner (8) Groundwater & Environmental Services, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) VersiTech Industrial Services of PA, Inc.					
Street Address 1340 Campus Parkway, Suite B4		Street Address 100 Alexander Drive						
City, State, Zip Code Neptune, NJ 07753		City, State, Zip Code Monaca, PA 15061						
Project Manager for Monitoring Firm Matthew Ferrari		Telephone No. 800-220-3068	Telephone No. 724-728-6144					
License No. 01123		Name of OSHA Monitor VersiTech Industrial Services of PA, Inc.						
Start Date (10) 10/05/11		Scheduled Completion Date (11) 10/21/11						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 100 Alexander Drive						
City, State, Zip Code Monaca, PA 15061								
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforceable 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) 2,528 sq ft	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Warehouse Roof on Burma Road			x	Transite Sheets	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 20	Name of Registered Landfill Monmouth County Reclamation Center				
City, State Newark, New Jersey		Disposal Date 10/21/11	City, State Tinton Falls, NJ 07753					
Completed by Jim Kreider		Title Project Manager	Signature 			Date 9/12/11		

* Do not use this form for asbestos licensure exempted activities

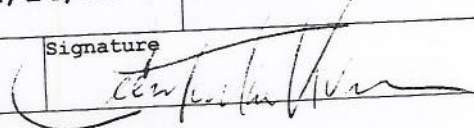
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 11/1/11		Name of Building Owner/Operator (2) Rob Ness		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 9 2011 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified	Type Notification	Street Address 141 Sherman Avenue			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ 07028			
		Name of Contact Rob Ness			
				Telephone Number [REDACTED]	

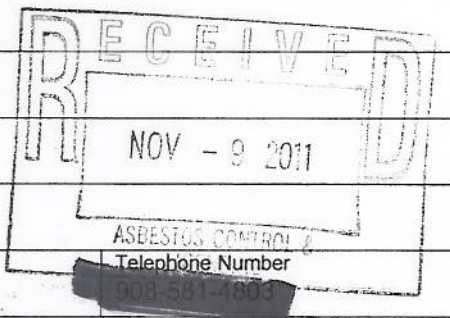
Name of Facility Where Abatement is Taking Place (3) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 141 Sherman Avenue			Square Feet 2000	# of Floors 2	Bldg. Age 100
City (5) Glen Ridge	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 11/11/11	Sched. Completion Date (11) 11/12/11	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	30 lf	X				

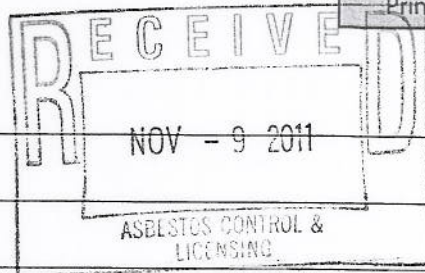
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.	NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042	Disposal Date 11/14/11	City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 11/1/11

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



Date of Notification (1) 11/03/11		Name of Building Owner/Operator (2) Victor Maisano							
Agencies Notified	Type Notification	Street Address 239 Colonial Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Union, NJ 07083							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Victor Maisano							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 239 Colonial Avenue		Square Feet N/A	# of Floors N/A						
City (5) Union		Bldg. Age N/A							
County (6) Union	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) 11/17/11		Scheduled Completion Date (11) 11/18/11	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: Occupied		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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	250 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusnin		Title Project Manager	Signature <i>Deanna Brkusnin</i>			Date 11/03/11			

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



Date of Notification (1) November 1, 2011		Name of Building Owner/Operator (2) Donna Johnston	
Agencies Notified	Type Notification	Street Address 87 Milton Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Nutley, NJ 07110	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Donna Johnston	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 87 Milton Avenue		Square Feet N/A	# of Floors N/A
City (5) Nutley		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 11/15/11	Scheduled Completion Date (11) 11/16/11	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

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

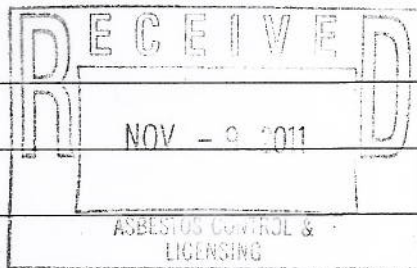
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		floor tiles	800 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 <i>Deanna Brkusanin</i>	Date 11/01/11		

3176183

Print Form

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



Date of Notification (1) October 31, 2011		Name of Building Owner/Operator (2) Leo Leyva							
Agencies Notified	Type Notification	Street Address 10 Susan Court							
<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 Old Tappan, NJ 07675							
		Name of Contact Leo Leyva	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 59 De Wolf Road		Square Feet N/A	# of Floors N/A						
City (5) Old Tappan		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 11/14/11		Scheduled Completion Date (11) 11/15/11	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: Occupied		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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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	REPAIR/REMOVE	Enclosure
basement		X		pipe insulation	20 elbows	X			
basement		X		contaminated pipes	100 LF			X	
kitchen		X		lionleum flooring	300 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 <i>[Signature]</i>				Date 10/31/11	



Livingston

PUBLIC SCHOOLS

Paul Ko
Manager of Buildings and Grounds

11 Foxcroft Drive
Livingston, New Jersey 07039
Telephone: (973) 535-8000 ext. 8033
Fax: (973) 535-1254
E-mail: pk@livingston.org
Website: www.livingston.org

November 3, 2001

Mr. Tom Voorhees
New Jersey Dept. of Labor & Workforce Development
Asbestos Control & Licensing

Re: Harrison School

Dear Sir,

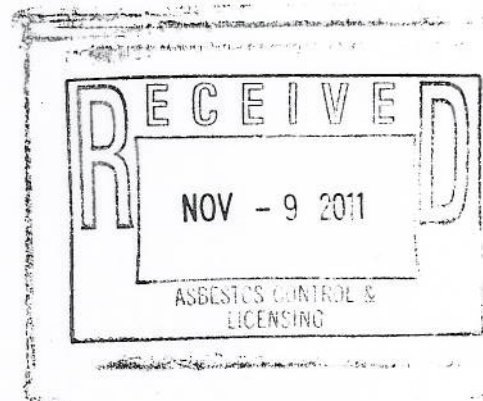
I am sending this letter requesting a waiver of the 10 day notification requirement in order to expedite the vinyl asbestos tile removal at the Harrison School in room K-1 long with repairs asbestos insulation ends via wrap and cure in rooms K-1, K-2, K-3, K-4 that needs to be completed.

Your consideration of this request is greatly appreciated.

Sincerely,

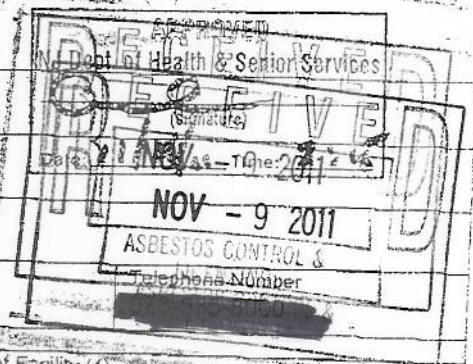
Paul Ko
Manager of Buildings and Grounds

Cc. Steven Robinson - Business Administrator



Print Form

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



Date of Notification (1) 11/04/11 Ck: 1611 \$200		Name of Building Owner/Operator (2) Livingston Public Schools					
Agencies Notified	Type Notification	Street Address 11 Foxcroft Drive					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, New Jersey 07039					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Paul Ko					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Harrison School		Type of Facility (4)					
Street Address 148 North Livingston Avenue		<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) Livingston, New Jersey 07039		Square Feet 20,000	# of Floors 2				
County (6) Essex		Bldg. Age 55+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation				
Street Address PO Box 316		Street Address 606 McBride Avenue					
City, State, Zip Code Thorofare, New Jersey 08086		City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm Steve Flannigan		Telephone No. 856-848-0800	Telephone No. 973-225-8400				
Start Date (10) 11/04/11		Scheduled Completion Date (11) 11/06/11	License No. 01104				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Labs					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 4PM Start		Street Address 2333 Route 22 West					
Scope of Work (Check All That Apply)		City, State, Zip Code Union, New Jersey 07083					
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
K-1	Yes	No	N/A	Wrap ends	2 LF	X	
K-2		X		Wrap ends	2 LF	X	
K-3		X		Wrap ends	2 LF	X	
K-4		X		Wrap ends	2 LF	X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424		Disposal Date 11/07/11	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 11/04/11		

ANGEL'S WORLD DAY CARE CENTER
708 WEST STREET
UNION CITY, N.J. 07087
TEL: (201) 325-0024
FAX: (201) 325-0373

RE: ANGEL'S WORLD DAY CARE CENTER
708 WEST STREET
UNION CITY, N.J. 07087
REMOVAL OF ASBESTOS AND LEAD PARTICLES IN
STUDENT'S BATHROOMS.

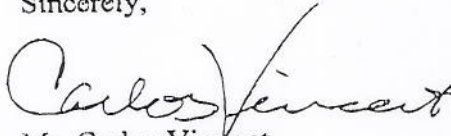
November 2, 2011

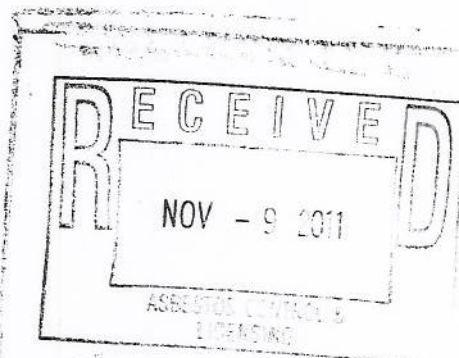
To Whom It May Concern:

I am writing to request your assistance with emergency removal of asbestos and lead contaminants in the girl's and boy's bathrooms at our center. Unfortunately, we only have until Saturday, November 12th to rectify this urgent matter. Without these repairs our center will not be allowed to renew our license and the center will be shut down until further repairs are completed. We are an UNION CITY ABBOTT PROGRAM participant since 2000 with a extremely highly recommended service to our community. Our students need an education and their parent's need our services as educators.

It is urgent that you contact me at the above number as soon as possible in order for your company to fix this problem.

Sincerely,


Mr. Carlos Vincent,
DIRECTOR



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

Date of Notification (1) 11/04/11 Ck:1606 \$200		Name of Building Owner/Operator (2) Elena Candelario							
Agencies Notified	Type Notification	Street Address 708 West Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, New Jersey 07807							
		Name of Contact Elena Candelario							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Angel's World Day Care		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 708 West Street		Square Feet 10,000	# of Floors 2						
City (5) Union City, New Jersey 07807		Bldg. Age 55+							
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Day Care Center						
Name of Monitoring Firm Hired by Building Owner (8) J&S Environmental Labs		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 2333 Route 22 West		Street Address 306 McBride Avenue							
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Cheryl		Telephone No. 908-206-0073	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 11/08/11	Scheduled Completion Date (11) 11/09/11	Name of OSHA Monitor J&S Environmental Labs							
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: 1PM Start		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 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
Girls Restroom		X		ACM Debris Ceiling Tile	16 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 11/09/11		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature Tatiana Kalenikova			Date 11/04/11		