

OFFICE OF THE SUPERINTENDENT OF SCHOOLS

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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,

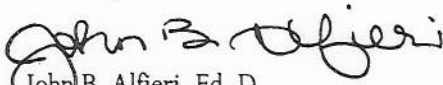
We are requesting a waiver of relieve of the ten day asbestos notification period for the asbestos project listed above. The amount of asbestos material removed will be; 300 SF of asbestos covered boiler insulation, 100 SF of flue insulation and 100 LF of TSI in the boiler room. The boiler will be removed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

**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8.60 and 12.120)

Date of Notification (1)  
11/4/2011

Agencies Notified

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

Notification Type

- (x) Initial Notification  
 ( ) Amended Certification  
 ( ) Cancelled

Building Owner/Operator (2)  
General Growth Properties, Inc.

Street Address  
700 Paramus Park

City, State, Zip Code  
Paramus, NJ 07652

Name of Contact: Kelly Webb

Telephone Number

CONTROL & LICENSING

**RECEIVED**  
 NOV 14 2011

Name of Facility Where Abatement is Taking Place (3)  
Paramus Park Shopping

**FACILITY INFORMATION**

Street Address  
700 Paramus Park

City (5)  
Paramus

County (6)  
Bergen

County Code (7)  
 (State Use Only)

Type of Facility (4)

- ( ) School (K-12)  
 ( ) Subchapter 8 (other than K-12)  
 (x) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet 20,000 SF

# of Floors 1

Bldg. Age: +/- 40 years

Current Use (prior if being demolished) Elementary School

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

ASCM No.

Name of Contractor (9)  
Luzon, Inc

Street Address  
3370 Progress Drive, Suite j

Street Address  
8451 Executive Drive

City, State, Zip Code  
Bensalem, PA 19020

City, State, Zip Code  
Philadelphia, PA 19153

Project Manager for Monitoring Firm  
Mike Panepresso

Telephone Number  
215-244-1300 Ext 26

Telephone Number  
(215) 287-0150

License Number  
01109

Scheduled Start Date (10)  
11/18/11

Scheduled Completion Date (11)  
11/25/2011

Name of OSHA Monitor  
Luzon, Inc.

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

Street Address  
8451 Executive Drive

City, State, Zip Code  
Philadelphia, PA 19153

Describe

Other -  
 Describe

Source of Work (Check all that apply)

- ( ) Demolition (x) Renovation  
 (x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
 ( ) Full Containment with Negative Pressure (x) Mini-Enclosure ( ) Glovebag Procedure (x) Non Exempted or non friable work

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
 YES NO NA

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type

Hallways and Rooms  
 Store behind service center  
 Behind counter

YES NO NA  
 x  
 x  
 x

Floor tile  
 Mastic (cove base)  
 Carpet cove base

502 SF  
 20 LF  
 28 LS

Rem. Rep. Encap. Enclose

x  
 x  
 X

Name of Reg. Waste Hauler  
Luzon, Inc.

NJDEP Waste Hauler ID #  
32587

Cubic Yards of Waste  
5 YDS

Name of Reg. Landfill  
Minerva Landfill

City, State  
Philadelphia, PA

Disp. Date  
11/25/2011

City, State  
Waynesburg, OH

Completed by (Print or Type)  
Rush Patel

Title  
Project Manager

Signature

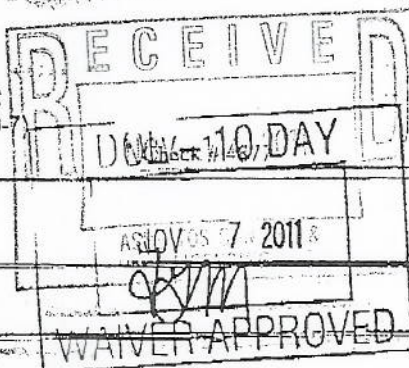
*[Signature]*

Date  
11/04/11



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

B & G Proj #: 2011 221



Date of Notification (1) 11/1/10 17:11		Name of Building Owner/Operator (2) Carla & David Hoibak	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	68 Overlook Terrace	Bloomfield, NJ 07003
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Carla & David Hoibak	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Carla & David Hoibak			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K 12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs /Homes, etc)		
Street Address 68 Overlook Terrace			Square Foot	# of Floors	Bldg Age
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/09/11		Sched. Completion Date (11) 11/10/2011	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe _____ <input type="checkbox"/> Other-Describe _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure  
☒ >2 sf or >2 lf ☐ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p s u l e	E n c l o s e
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	boiler insulation	40 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yds	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/11/11	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 11/7/2011



B &amp; G proj. #: 2011-221

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

Check # 4877

Date of Notification (1) 11/10/11		Name of Building Owner/Operator (2) Carla & David Hoibak	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 68 Overlook Terrace	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Carla & David Hoibak	
		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Carla & David Hoibak			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 68 Overlook Terrace			Square Feet   # of Floors   Bldg. Age		
City (5) Bloomfield, NJ 07003	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/09/11		Sched. Completion Date (11) 11/10/2011	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	boiler insulation	40 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/11/11	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 11/7/2011



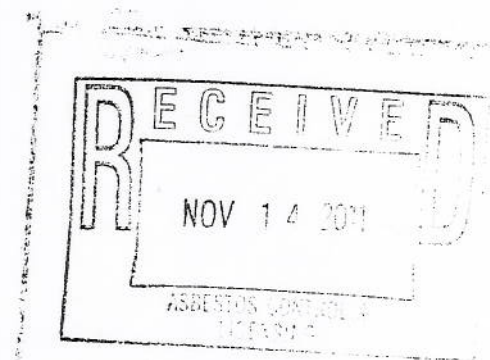
October 7, 2011

My name is David Hoibak, homeowner of the property at 68 Overlook Terrace, Bloomfield, NJ 07003. My boiler needs to be replaced and with the presence of asbestos on the pipes, Jayson Heating will not replace the boiler. I need the asbestos removal to commence sometime this week, so that I may make arrangements with PSE&G to install a new heating unit once the asbestos is removed. Please schedule removal ASAP. Thanks!

Sincerely,

*David Hoibak*

[REDACTED]



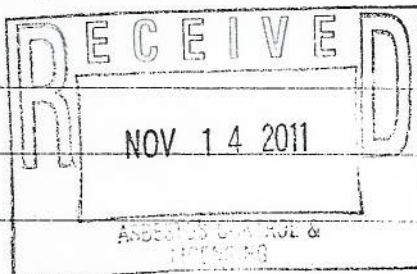
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
UN# 3178  
NOV 14 2011

Date of Notification (1) 11-7-11		Name of Building Owner/Operator (2) O. DICK					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 384 LIBERTY ROAD		City, State, Zip Code ENGLEWOOD NJ 07631					
Name of Contact O. DICK		Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) O. DICK		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 384 LIBERTY ROAD		Square Feet 1900					
City (5) ENGLEWOOD		# of Floors 2					
County (6) BERGEN		Bldg. Age 71 YRS					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) Best Removal Inc					
City, State, Zip Code		Street Address 450 South River St					
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601					
Telephone No.		Telephone No. 201-329-7444					
Start Date (10) 11-18-11		License No. 00388					
Scheduled Completion Date (11) 11-19-11		Name of OSHA Monitor Omega Environmental Services					
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: 8am 5pm		Street Address 280 Huyler St					
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		City, State, Zip Code South Hackensack, N.J. 07606					
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
BASEMENT	Yes	Thermal Insulation	28 LF	X			
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1/2 YD	Name of Registered Landfill Cumberland County Landfill			
City, State South Kearny N.J. 07032		Disposal Date 11-19-11	City, State Newburgh PA, 17242				
Completed by R. VELDRAN		Title Estimator	Signature R. Veldran		Date 11-7-11		



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



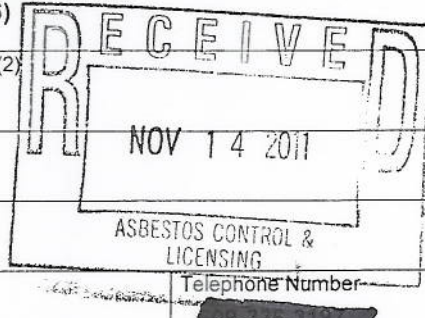
Date of Notification (1) 11/08/11 Ck: 1614 \$200		Name of Building Owner/Operator (2) Bayside State Prison							
Agencies Notified	Type Notification	Street Address 4293 Route 47							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Leesburg, New Jersey 08327							
		Name of Contact John Leibrand	Telephone Number [REDACTED] 4						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bayside State Prison		Type of Facility (4)							
Street Address 4293 Route 47		<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) Leesburg, New Jersey 08327		Square Feet 30,000	# of Floors 2						
		Bldg. Age 55+							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Prison							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400						
		License No. 01104							
Start Date (10) 11/22/11	Scheduled Completion Date (11) 11/24/11	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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: 8AM		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Air Handling Room Barracks #1		X		TSI	9 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 11/23/11	City, State Morrisville, Pennsylvania				
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 11/08/11			



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

ck# 205-16

Date of Notification (1) 11 / 08 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 08863	
		Name of Contact Paul Pittari	
		Telephone Number [REDACTED]	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		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 231 Bordentown Crosswicks Road		Square Feet 2000	
City (5) Chesterfield		# of Floors 2	Bldg. Age 40+
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Roadway	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc		ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124	
Project Manager for Monitoring Firm Guillermo M. Morales		Telephone No. 973-636-9144	License No. 00646
Start Date (10) 10 / 10 / 11	Scheduled Completion Date (11) 11 / 14 / 11	Name of OSHA Monitor SAME AS ABOVE	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM/ PM- AM		Street Address	
		City, State, Zip Code	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound, walls and ceilings	5290SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	18SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ext transite siding, window caulking	2128SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile	50SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40cy	Name of Registered Landfill GROWS NORTH	
City, State Freehold, NJ 07728		Disposal Date 11/30/11		City, State Tullytown, PA	
Completed By (Print or Type) Charles Imbimbo	Title Project Manager	Signature <i>Charles Imbimbo</i>		Date 11/08/11	



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

Check # 3205


Date of Notification (1) 11/9/11		Name of Building Owner/Operator (2) Woodmont Properties South Amboy Construction LLC							
Agencies Notified	Type Notification	Street Address 1 Main St	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 14 2011 </div>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Joe							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Warehouse		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 60 Louisa Street		Square Feet 32,000	# of Floors 1						
City (5) South Amboy		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Warehouse Scheduled for Demolition							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy Ln							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
		License No. 01088							
Start Date (10) 11/19/11	Scheduled Completion Date (11) 12/31/11	Name of OSHA Monitor Jadar Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Building is Vacant and scheduled for demo		Street Address 22 Troy Ln							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Roofing Material	30,000				
Interior			x	VAT & Mastic	900 SF				
Interior Duct System			x	Vbration Damping Cloth	8 SF				
Boiler Room			x	Gasketing Material	5 SF				
Name of Registered Waste Hauler Yannuzzi Demolition		NJDEP Waste Hauler ID No. n/a		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Hillsborough, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>		Date			



\* Emergency \*

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

CR# 2255

Date of Notification (1) 11/7/11		Name of Building Owner/Operator (2) Mt Holly Municipal / Monroe Park Concession Stand							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 East Monroe Street							
		City, State, Zip Code Mt Holly, NJ 08060							
		Name of Contact Tom							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mt Holly Municipal / Monroe Park Concession Stand		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 East Monroe Street		Square Feet 1000 +	# of Floors 1						
City (5) Mt Holly, NJ 08060		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. 856-753-9800	License No. 00727						
Start Date (10) 11/8/11	Scheduled Completion Date (11) 11/11/11	Name of OSHA Monitor Pernaco 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 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
through-out			X	Floor tile / mastic	900 sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/11/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/7/11			

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





Insurance Damage Restoration Experts

501 Kennedy Blvd.  
Somerdale, NJ 08083

Fax - 856-627-0121  
24 Hour - 856-337-6128  
[www.allriskinc.com](http://www.allriskinc.com)

November 7, 2011

To Whom It May Concern,

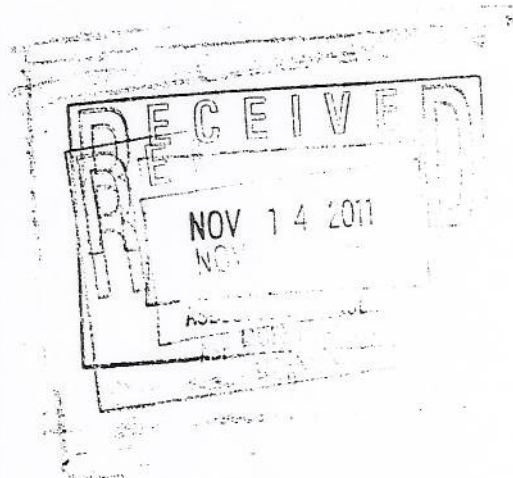
We are repairing a township owned concession stand that sustained heavy water damage to approximately 900 square feet of flooring and mastic which is found to be asbestos containing. Due to the location and amounts of the material, we are requesting a waiver of the 10 day notification period so that we may proceed immediately with the abatement and necessary repairs in order to not cause the employees and faculty any greater hardship.

The owner and location is as follows,

Mt. Holly Municipal  
Monroe Park Concession Stand  
2 East Monroe Street  
Mt. Holly, NJ 08060

Respectfully Submitted,

Thomas Messina – allRisk Restoration



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


chk# 2401  
VIA U.S. MAIL

Date of Notification (1) 11/9/11		Name of Building Owner/Operator (2) Big-Top c/o Mr. Michael SANCIALDO					
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 31 ELLIOT ST City, State, Zip Code AVENEL, N.J. 07001	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) 1009 EAST GRAND 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 3,000	# of Floors 2				
City (5) ELIZABETH N.J.		Bldg. Age 20					
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CLOSED				
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. 732 238-7500	License No. 00806				
Start Date (10) 11/13/11	Scheduled Completion Date (11) 11/26/11	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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input 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) 2,000 SF	Abatement Type		
	Yes	No			N/A	Removal	Repair
EXTERIOR		X	SIDING		X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.			
City, State OLD BRIDGE N.J. 08857		Disposal Date 11/28/11	City, State HARRISBURG P.A.				
Completed by CARLOS AMEIDA		Title PRESIDENT	Signature [Signature]		Date 11/9/11		



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

Check # 3206

Date of Notification (1) 11/9/11		Name of Building Owner/Operator (2) Woodmont Properties South Amboy Construction LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Main St							
		City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Joe Giannetti							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Warehouse		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 100 Louisa St Bldg. 3		Square Feet 15,000	# of Floors 1						
City (5) South Amboy		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Warehouse Scheduled for Demolition							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy Ln							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
		License No. 01088							
Start Date (10) 11/19/11		Scheduled Completion Date (11) 12/31/11							
Name of OSHA Monitor Jadar Contracting LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Building is Vacant and scheduled for demo		Street Address 22 Troy Ln							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Exterior			x	Roofing Material	15,000 SF				
Interior			x	VAT & Mastic	25 SF				
Name of Registered Waste Hauler Yannuzzi Demolition		NJDEP Waste Hauler ID No. n/a	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Hillsborough, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lillie Lazarevich		Title Secretary		Signature <i>Lillie Lazarevich</i>				Date 11-9-11	



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

STEVENS ENVIRONMENTAL  
SERVICES INC  
CHECK # 94550  
**RECEIVED**  
NOV 14 2011

Date of Notification (1) <u>11/9/11</u>		Name of Building Owner/Operator (2) <u>Walter Zimmerman</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>111 E. Pine Street</u>	
		City, State, Zip Code <u>Audubon, NJ 08106</u>	
		Name of Contact <u>Walter Zimmerman</u>	Telephone Number <u>[REDACTED]</u>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>111 E. Pine Street</u>		Square Feet	# of Floors
City (5) <u>Audubon</u>		Bldg. Age	
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>11/18/11</u>	Scheduled Completion Date (11) <u>11/21/11</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4:30PM</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>upstairs bedroom</u>		<input checked="" type="checkbox"/>	<u>pipe insulation</u>
			<u>10 LF</u>
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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/21/11</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>
		Date <u>11/9/11</u>	





KENNY ATLANTIC INDUSTRIAL SERVICES

November 9, 2011

Mr. Thomas P. Voorhees  
New Jersey Department of Labor and Workforce Development  
Asbestos Control and Licensing  
1 John Fitch Plaza, PO Box 949  
Trenton NJ 08625-0949

RE: Asbestos License Name Change request

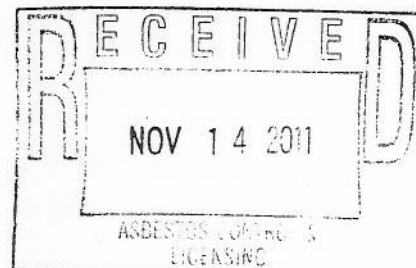
Dear Mr. Voorhees:

This letter is being sent as a formal request to change the name on our current asbestos license from Kenny Atlantic Industrial Services, LLC. to K A Industrial Services, LLC. I have enclosed a check for \$200.00 and the most recent Short Form Standing from the NJ Dept of the Treasury as proof of our current name and previous name.

I trust this information provided is sufficient for you to complete the name change process. If you require anything further from K A, please do not hesitate to contact us at 609-224-4358 or by facsimile 609-224-4358.

Respectfully Submitted,

Scott W. Dechant  
Manager, Environmental Safety and Health  
K A Industrial Services, LLC



STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
SHORT FORM STANDING

*KA INDUSTRIAL SERVICES, LLC*

0600131192

*With the Previous or Alternate Name*

*KA INDUSTRIAL SERVICES (Alternate Name)*  
*KENNY-ATLANTIC INDUSTRIAL SERVICES, LLC (Previous Name)*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on January 16, 2002.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Corporation Service Company  
830 Bear Tavern Road  
West Trenton, NJ 08628*



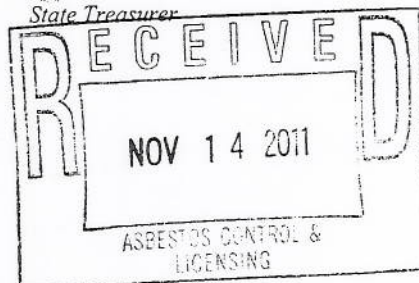
Certification# 121126696

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
26th day of July, 2011*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff*  
*State Treasurer*





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

CR# 2172

Date of Notification (1) <div style="text-align: center;">11 / 8 / 11</div>		Name of Building Owner/Operator (2) <b>Rutgers University</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  NOV 14 2011  ASBESTOS </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>#27 Road 1 Bldg 4086</b>			
		City, State, Zip Code <b>Piscataway, NJ 08854</b>			
		Name of Contact <b>Mike Smith</b>			
		Telephone Number <b>[REDACTED]</b>			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Armitage Hall</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>311 N. 5<sup>th</sup> Street Bldg 7036</b>			Square Feet <b>46000</b>		
City (5) <b>Camden</b>			# of Floors <b>4</b>		Bldg. Age <b>30+</b>
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>University</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>		
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State, Zip Code <b>Burlington Township, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>Brian Kearney</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	
Start Date (10) <div style="text-align: center;">11 / 22 / 11</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 29 / 11</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>5:00PM-5:00AM</b>			Street Address <b>1123 BEAVER STREET</b>		
			City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Offices 312-318 & 349-356	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	acoustical texture ceiling finish	2,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices 312-318 & 349-356	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile	2,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30 Cu Yds</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date <b>11/29/11</b>	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>General Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>11/8/11</b>



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

B & G proj. #: 2011-223

Check # 4879

Date of Notification (1) 11/11/11		Name of Building Owner/Operator (2) Ann Horan		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.1em;">NOV 14 2011</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL &amp; TESTING</div>
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		272 7th Street		
Type Notification		City, State, Zip Code		
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Jersey City, NJ 07302		
		Name of Contact		Telephone Number
		Ann Horan		[REDACTED]

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Anne Hartman				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 272 7th Street						
City (5) Jersey City, NJ 07302		County (6) Hudson		Square Feet		# of Floors
				County Code (7) (State use only)		Bldg. Age
						Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address					Street Address 105 Ryerson Road	
City, State, Zip Code					City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm			Phone Number		Telephone Number 973-696-6869	
					License Number 0378	
Scheduled Start Date (10) 11/21/11			Sched. Completion Date (11) 11/22/2011		Name of OSHA Monitor B & G Restoration, Inc.	
					Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one)					City, State, Zip Code Lincoln Park, NJ 07035	
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____						

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			X	pipe insulation	24 lf	X			
adjacent room to boiler room			X	pipe insulation	18 lf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ 07035		Disposal Date 11/22/11		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Treasurer	Signature <i>Gordana Luna</i>		Date 11/11/2011



B &amp; G proj. #: 2011-222

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

Check # 4880

Date of Notification (1) 11/11/11		Name of Building Owner/Operator (2) Union Township Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 2369 Morris Avenue		City, State, Zip Code Union, NJ 07083	
Name of Contact Tom Wiggins		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Union High School (Non Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2350 North 3rd Street			Square Feet # of Floors Bldg. Age		
City (5) Union, NJ 07083	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) School (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/25/11		Sched. Completion Date (11) 11/27/2011	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 112			<input checked="" type="checkbox"/>	VAT & carpeting	1020 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

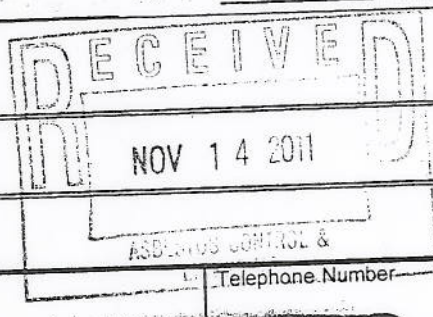
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 12 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/28/11	City, State Tullytown, PA	
Completed by (Print or Type) Cordana Luna	Title Treasurer	Signature Cordana Luna	Date 11/11/2011



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

B & G proj. #: 2011-228

Check # 4888



Date of Notification (1) 11/11/11		Name of Building Owner/Operator (2) Laura & Robert Gregory	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 27 Lessing Road City, State, Zip Code West Orange, NJ 07052 Name of Contact Laura & Robert Gregory	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Laura & Robert Gregory Street Address 27 Lessing Road City (5) West Orange, NJ 07052 County (6) Essex County Code (7) (State use only)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number 973-696-6869 License Number 0378 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035
Project Manager for Monitoring Firm Phone Number			
Scheduled Start Date (10) 11/21/11	Sched. Completion Date (11) 11/21/2011		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage area			<input checked="" type="checkbox"/>	pipe insulation	18 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/22/11	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 11/11/2011



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5.16)

*CP # 2173*

Date of Notification (1) 11 / 11 / 11		Name of Building Owner/Operator (2) Wells Fargo Bank		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Hana</i> (signature) Date: 11/14/11 Time: 1:30AM	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> GHSS <input type="checkbox"/> OCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Wells Fargo Center		City, State, Zip Code Charlotte, NC 28288	
		Name of Contact Anna Mays		Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 115 Main Street		Square Feet 3500	# of Floors 1
City (5) Bloomington		Bldg. Age 55+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 120 North Warren		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Dylan Holbig		Telephone No. 609-392-4200	Telephone No. 215-788-6040
License No. 80509			
Start Date (10) 11 / 12 / 11	Scheduled Completion Date (11) 11 / 12 / 11	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-12:00PM/11:00PM-_____ AM		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 or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/Fittings	49 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date 11/14/11	City, State WAYNESBURG, OH 44888	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date

**ENVIRONMENTAL CONNECTION INC**

A Vertical Technologies Corporation

November 10, 2011

Mr. Gino Pizzigoni  
Bristol Environmental, Inc.  
1123 Beaver Street  
Bristol, PA 19007

Re: Emergency Notification Request for Asbestos Abatement  
Bloomingdale Wells Fargo Office, 115 Main Street, Bloomingdale, New Jersey

Dear Mr. Pizzigoni:

Heating pipe lines in the basement at the referenced location require immediate repairs; however, asbestos containing thermal system insulation is present and requires removal. In order to minimize any disruption to the banking institution, the Owner, Wells Fargo Bank, N.A., has declared the asbestos abatement work an emergency. This work is necessary to facilitate heating systems repairs.

The project is scheduled to commence at noon on Saturday, November 12, 2011. Please proceed with all required notifications so that this project can commence as indicated herein. Thank you for your prompt response to this matter. If you have any questions regarding this project, please contact the undersigned at your convenience.

Respectfully:  
ENVIRONMENTAL CONNECTION, INC.

*Brian J. Holbig*

Brian J. Holbig, CMC  
Senior Project Manager



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

NOV 14 2011 04:23 PM  
NJ Dept. of Health & Senior Services  
Print Form  
Date: 11/14/11  
Signature: [Signature]  
Time: 7:19 AM  
APPROVED  
Signature: [Signature]  
Date: 11/14/11

Date of Notification (1) 11/11/11 0k: 1623 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University		Street Address 1000 River Road	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Teaneck, New Jersey 07666	
		Name of Contact Tom Pruno		Telephone Number [Redacted]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Giovatto Library				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1000 River Road				Square Feet 20,000	# of Floors 2
City (5) Teaneck, New Jersey 07666				Bldg. Age 55+	
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) University	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 5434 Kings Avenue Suite 101		City, State, Zip Code Pennsauken, New Jersey 08109		Street Address 606 McBride Avenue	
Project Manager for Monitoring Firm Tom		Telephone No. 973-225-8400		City, State, Zip Code Woodland Park, New Jersey 07424	
Start Date (10) 11/15/11		Scheduled Completion Date (11) 11/16/11		Telephone No. 973-225-8400	
				License No. 01104	
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: 5cm				Name of OSHA Monitor J&S Environmental Labs	
				Street Address 2	
				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 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room	X			TSI Wet Wrap & Cut	9LF
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 11/17/11		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President		Signature [Signature]	Date 11/11/11

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

# *Environmental Design Inc.*

*Professional Environmental Consultants*

5434 King Avenue, Suite 101  
Pennsauken, New Jersey 08109

Phone [REDACTED]

Fax [REDACTED]

November 10, 2011

Gabriel Olejarova  
Lilich Corporation  
606 McBride Avenue  
Woodland Park, NJ 07424

**RE: Waiver of 10 Day Notification for Fairleigh Dickinson University, Teaneck Campus,  
Giovatto Library for a project to be conducted on Tuesday November 15, 2011.**

Dear Mr. Olejarova:

*Environmental Design Inc.* of Pennsauken, NJ has been hired by Environmental Waste Management Associates (EWMA and also the Client) who represents Fairleigh Dickinson University to assist in environmental projects. An emergency situation has arisen at the Giovatto Library located at the Teaneck Campus, 1000 River Road, Teaneck, NJ, 07666. Lilich Corporation has been the Contractor selected to respond to a project involving the wet, wrap, cut and disposal of approximately 9 linear feet (LF) of asbestos covered pipe and fittings. There may also be some additional cleaning necessary including HEPA vacuuming. It is your responsibility to submit a 10 day notification request to the agencies listed below using this letter as a request for a waiver.

Currently, the University is engaged in a renovation of various areas of the college. The pipe and fittings in question are leaking and require repair. Replacement parts will not be available until Tuesday, November 15, 2011 hence the reason the Client requires the removal to be done on that day. Thank you for your anticipated cooperation.

Sincerely,



Tom Pruno  
Director of Operations



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

Page 1 of 1  
Check #1433

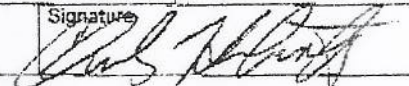
Date of Notification (1) 11/14/2011		Name of Building Owner/Operator (2) Steve Killebrew							
Agencies Notified	Type Notification	Street Address 445 Overbrook Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code Ridgewood, NJ 07450							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Steve Killebrew	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 445 Overbrook Road		Square Feet 2,200	# of Floors 2						
City (5) Ridgewood		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) GL Group, Inc.						
Street Address		Street Address 140 Hamburg Tpke							
City, State, Zip Code		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm		Telephone No. (201)710 9725	License No. 01084						
Start Date (10) 11/26/2011	Scheduled Completion Date (11) 11/28/2011	Name of OSHA Monitor GL Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: Private Residence Sat Work		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce 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		Thermal System Insulation	19 LF	X			
Crawlspace		X		Thermal System Insulation	23 LF	X			
Name of Registered Waste Hauler GL Group, Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Bloomingdale, NJ			Disposal Date 11/28/11	City, State Newburg, Pa					
Completed by Michael B Solakov		Title P.M.	Signature [Signature]			Date 11/14/2011			



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

Check # 20536 ①

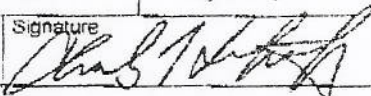
of 2 Pages

Date of Notification (1) <u>11</u> / <u>14</u> / <u>11</u>		Name of Building Owner/Operator (2) <b>NJ Turnpike Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-9)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main Street</b>							
		City, State, Zip Code <b>Woodbridge, NJ 08863</b>							
		Name of Contact <b>Lea Voltura</b>	Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>231 Bordentown Crosswicks Road</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>						
City (5) <b>Chesterfield</b>		Bldg. Age <b>40+</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Roadway</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Envirovision Consultants, Inc</b>		ASCM No. <b>03681</b>	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>20-21 Wagaraw Road, Bldg. 34A</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Guillermo M. Morales</b>		Telephone No. <b>973-636-9144</b>	License No. <b>00646</b>						
Start Date (10) <u>11</u> / <u>15</u> / <u>11</u>	Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>11</u>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address  City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥150 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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	Repair	Encapsulate	Enclosure
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound, walls and ceilings	5290 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	exterior transite siding	1970 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	158 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>15935</b>	Cubic Yards of Waste <b>40 c.y.</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ 07728</b>		Disposal Date <b>11/30/11</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Charles Imblimbo</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/14/11</b>			



(2)

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

Date of Notification (1) 11 / 14 / 11		Name of Building Owner/Operator (2) NJ Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street							
		City, State, Zip Code Woodbridge, NJ 08863							
		Name of Contact Lea Voltura	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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 231 Bordentown Crosswicks Road									
City (5) Chesterfield	Square Feet 2000	# of Floors 2	Bldg. Age 40+						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Roadway							
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc	ASCM No. 03681	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 20-21 Wagaraw Road, Bldg. 34A		Street Address 500 East Luzerne Street							
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Guillermo M. Morales	Telephone No. 973-636-9144	Telephone No. 215-739-8166	License No. 00646						
Start Date (10) 11 / 15 / 11	Scheduled Completion Date (11) 11 / 30 / 11	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM/ PM- AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Second Floor/ Nursery Bedroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" x 9" White Floor Tile	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor/ Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" x 9" Green Floor Tile	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor/ Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9" x 9" Beige Floor Tile	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40 c.y.	Name of Registered Landfill GROWS North Landfill				
City, State Freehold, NJ 07728		Disposal Date 11/30/11		City, State Tullytown, PA					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature 		Date 11/14/11			

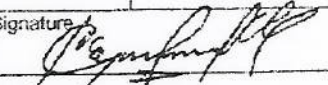


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60-12.120)

<b>Date of Notification (1)</b> 11/14/2011		<b>Name of Building Owner/Operator (2)</b> Rite Aid Corporation					
<b>Agencies Notified</b> (X) EPA ( ) DEP (X) DOL  (X) DOH ( ) DCA	<b>Type Notification</b> ( ) Initial (X) Amended Amendment # 4 ( ) Emergency (including justification) ( ) Cancellation	<b>Street Address</b> 30 Hunter Lane					
		<b>City, State, Zip Code</b> Camp Hill, PA 17001					
		<b>Name of Contact</b> Karen Shriner	<b>Tel. Number</b> [REDACTED]				
<b>FACILITY INFORMATION</b>							
<b>Name of Facility Where Abatement is Taking Place (3)</b> Rite Aid Surplus #34914 & #34915		<b>Type of Facility (4)</b> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)					
<b>Street Address</b> 90-98 Broad Street		<b>Sq. Feet</b> 10000	<b># of Floors</b> 2				
<b>City (5)</b> Elizabeth, NJ 07201		<b>Bldg. Age</b> 25+/-					
<b>County (6)</b> Union	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> Commercial Building					
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> Waterson Environmental Group	<b>ASCM No.</b>	<b>Name of Contractor (9)</b> Prism Response, Inc.					
<b>Street Address</b> 169 Main Street, Suite 103		<b>Street Address</b> 102 Technology Lane					
<b>City, State, Zip Code</b> Matawan, NJ 07747		<b>City, State, Zip Code</b> Export, PA 15632					
<b>Project Manager for Monitoring Firm</b> Peter Thompson	<b>Telephone No.</b> 732-583-3003	<b>Telephone No.</b> (724) 325-3330	<b>License No.</b> 01121				
<b>Start Date (10)</b> 11/15/2011	<b>Scheduled Completion Date (11)</b> 12/03/2011	<b>Name of OSHA Monitor</b> Waterson Environmental Group					
<b>Occupancy Status During Abatement (Check only one)</b> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours  Describe: ( ) Other Describe:		<b>Street Address</b> 169 Main Street, Suite 103					
		<b>City, State, Zip Code</b> Matawan, NJ 07747					
<b>Source of Work (Check all that apply)</b>							
( ) $\geq 3$ sf or $\geq 3$ lf		(X) Full Containment with Negative Pressure					
(X) $\geq 160$ sf or $\geq 280$ lf		( ) Mini-Enclosure					
(X) Renovation		( ) Glovebag Procedure					
( ) Demolition		( ) Non-Exempted (*) and Non-Friable Procedure					
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</b>	<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>			
				<b>Removal</b>	<b>Repair</b>	<b>Encapsulate</b>	<b>Enclosure</b>
Basement & First Floor	X	Plaster Base Coat	1500 SF	X			
Sub Floor Drain under 1 <sup>st</sup> Flr. Joists	X	Plaster Fitting	6 LF	X			
Basement, 1 <sup>st</sup> Flr, 2 <sup>nd</sup> Flr Sales Area	X	Floor Tile & Mastic	4150 SF	X			
<b>Name of Reg. Waste Hauler</b> Circle Rubbish	<b>NJDEP Waste Hauler ID #</b> 18816	<b>Cubic Yards of Waste</b> 3	<b>Name of Reg. Landfill</b> Tullytown Landfill				
<b>City, State</b> Linden, New Jersey	<b>Disp. Date</b> 12/01/2011	<b>City, State</b> Tullytown, PA					
<b>Completed by (Print or Type)</b> Jessica Busch	<b>Title</b> Administrative Support	<b>Signature</b> <i>Jessica Busch</i>			<b>Date</b> 11/14/2011		



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

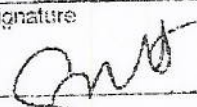
Date of Notification (1) 11-11-2011		Name of Building Owner/Operator (2) PRESBYTERIAN CHURCH OF BOUND BROOK NJ.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 409 MOUNTAIN AVE		City, State, Zip Code BOUND BROOK NJ. 08805							
Name of Contact JACKELYN DERMANN		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
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 600 MOUNTAIN AVE		Square Feet 2100							
City (5) BOUND BROOK NJ. 08805		# of Floors 2							
County (6)		Bldg. Age 100 YEAR							
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.							
Street Address		Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.							
City, State, Zip Code		Street Address 22 VAN ORDEN PL.							
Project Manager for Monitoring Firm		City, State, Zip Code HACKENSACK NJ. 07601							
Telephone No.		Telephone No. 201-708-4270							
Start Date (10) 11-21-2011		License No. 01135							
Scheduled Completion Date (11) 11-22-2011		Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 RT- 22 WEST							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempt Procedure		City, State, Zip Code UNION NJ.							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
KITCHEN AND LIVING ROOM		X		VAT FLOOR TILE	380 SF	X			
WINDOWS		X		WINDOW GLAZE/PUTTY	100 SF	X			
BASEMANT		X		PIPE ELBOW JOINT	8 LF	X			
Name of Registered Waste Hauler DJM TRANSPORT INC.		NJDEP Waste Hauler ID No. 29681		Cubic Yards of Waste 1		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State KEARNY N.J.		Disposal Date 11-23-2011		City, State NEWBURG PA. 17242					
Completed by CARLOS ESQUIVEL		Title MANAGER		Signature 		Date 11-11-2011			



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

1103-4272

CHECK #3539

Date of Notification (1) <b>11/14/11</b>		Name of Building Owner / Operator (2) <b>Robert Wood Johnson Hospital</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #9 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>One Robert Wood Johnson Place</b>						
			City, State & Zip Code <b>New Brunswick, NJ 08901</b>						
			Name of Contact <b>Geiser Fajardo</b>						
			Telephone Number <b>[REDACTED]</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>One Robert Wood Johnson Place</b>		Square Feet	# of Floors						
City (5) <b>New Brunswick</b>	County (6) <b>Middlesex</b>	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>280 Huyler Street</b>		Street Address <b>PO Box 25</b>							
City, State & Zip Code <b>South Hackensack, NJ 07606</b>		City, State & Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>		Telephone Number <b>201-489-8400</b>	License Number <b>00529</b>						
Scheduled Start Date (10) <b>4/12/11</b>	Scheduled Completion Date (11) <b>12/30/11</b>		Name of OSHA Monitor <b>EMSL Analytical</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - Describe: <b>5 PM - 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>108 Haddon Ave.</b>							
		City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Central Sterile Unit</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Vinyl Flooring containing asbestos</b>	<b>286 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Central Sterile Unit</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor tile &amp; Mastic</b>	<b>3,723 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiology Offices</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>70 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>TRRF Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/30/11</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Office Coord.</b>	Signature 			Date <b>11/14/11</b>			



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 11/14/2011		Name of Building Owner/Operator (2) Zufall Health Center, Inc.							
Agencies Notified	Type Notification	Street Address 17 South Warren Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Dover, NJ 07801							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John Laracca	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Zufall Health Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 18 West Blackwall Street		Square Feet	# of Floors						
City (5) Dover, NJ 07801		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental	ASCM No. _____	Name of Abatement Contractor (9) Environmental Contractors, Inc.							
Street Address 140 Boulevard	Street Address 235 Watchung Avenue								
City, State, Zip Code Mt. Lakes, NJ 07046	City, State, Zip Code West Orange, NJ 07052								
Project Manager for Monitoring Firm Leon Shereshevsky	Telephone No. 973-765-6946	Telephone No. 973-243-9672	License No. 00559						
Start Date (10) 11/23/11	Scheduled Completion Date (11) 11/29/11	Name of OSHA Monitor Long Island Analytical							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>work hours: 7:00am-3:30pm</u>		Street Address 110 Colin Drive							
		City, State, Zip Code Holbrook, NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2280 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 Procedures							
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	Encapsulation	Enclosure
North West Room & SW Room			x	Pipe insulation	166 lf	x			
NW & SW Room under carpet			x	VAT & Mastic	630 sf	x			
Upper Main Roof			x	Caulk	200 lf	x			
Name of Registered Waste Hauler Circle Rubbish Removal		NJDEP Waste Hauler ID No. 18816	Cubic Yards of Waste	Name of Registered Landfill Facility Tullytown Resource Recovery					
City, State Linden, NJ		Disposal Date		City, State Tullytown/ Morrisville, PA					
Completed by Slawomir Kleczewski		Title President		Signature 		Date 11/14/11			



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT

REMEMBER - MAIL IN HARD COPY

Chet # 6821

DOL - 10 DAY

Date of Notification (1) 11 / 14 / 11		Name of Building Owner/Operator (2) Irene Russo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 108 N. Wilson Ave City, State, Zip Code Margate, NJ 08024	
		Name of Contact Michael Fox	Telephone Number [REDACTED]

NOV 14 2011  
WAIVER APPROVED

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Irene Russo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e., p homes, etc.)	
Street Address 108 N. Wilson Ave		Square Feet 2000	# of Floors 2
City (5) Margate, NJ 08024		County Code (7) (STATE USE ONLY) Atlantic	Bldg. Age 25
County (6) Atlantic		Current Use (8) Residence	
Name of Monitoring Firm Hired by Building Owner (9) US Environmental		ASCM No. 9012015	Name of Abatement Contractor (9) Controlled Environmental Systems
Street Address 1222 Wilder St		Street Address 1121 N. Bethlehem Pike - Site 60	
City, State, Zip Code Phila, PA 19147		City, State, Zip Code Spring House, PA 19477	
Project Manager for Monitoring Firm Gordon Cavittella		Telephone No. 215 868 5502	Telephone No. 215-542-7000
Start Date (10) 11 / 15 / 11		Scheduled Completion Date (11) 11 / 15 / 11	License No. 00847
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:00PM/ PM- AM		Name of OSHA Monitor CES	
Street Address 1121 N. Bethlehem Pike - Site 60		City, State, Zip Code Spring House, PA 19477	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >5 sf or >0.1 f <input type="checkbox"/> >160 sf or >260 f <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Remediable Procedures			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Allied Waste- Republic Services	NJDEP Waste Hauler ID No. 348394	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill
City, State Telford PA	Disposal Date	City, State 420 Quar Rd, Morgantown, PA 19543	
Completed By (Print or Type) Patricia Visco	Title Office Manager	Signature [Signature]	Date 11/14/11



REMEMBER - MAIL IN HARD COPY

IDS SERVICES, INC  
7200 Merion Trace  
Upper Darby, PA 19082

11/14/2011

New Jersey Department of Labor  
Mr. Thomas Voorhees  
P. O. Box 949  
Trenton, New Jersey 08625-0949  
Office: (609) 633-3760

RE: WAIVER OF 10 DAY ASBESTOS NOTIFICATION

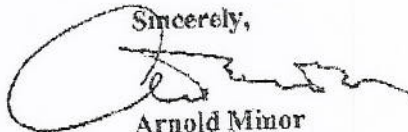
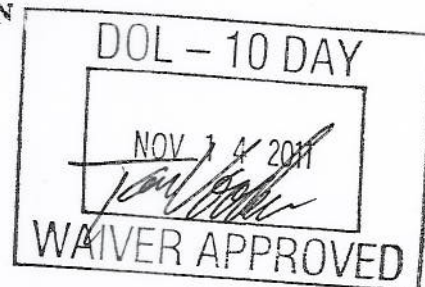
TYPE: RESIDENTIAL PROPERTY

OWNER: Irene Russo  
108 N. Wilson Avenue  
Margate, New Jersey 08402

Dear Mr. Voorhees,

We are asking for a waiver of the 10 Day Notification for the Removal of Asbestos found during a home inspection in the crawl space area at the above location. The property is being sold and settlement is scheduled for November 18, 2011. We are asking for this waiver due to that if the property cannot settle, there will be a major loss of funding and penalties. We have hired Controlled Environmental Systems to abate the property. We would appreciate your help Obtaining this waiver.

Sincerely,

  
Arnold Minor



**Controlled  
Environmental  
Systems, Inc**

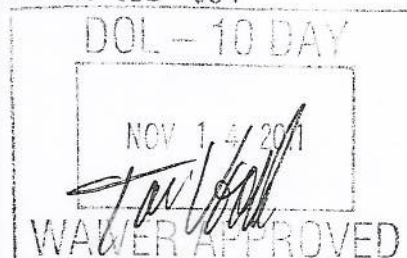
1121 N. Bethlehem Pike, Suite 601 Springfield House, Pa. 19477

(215) 542-7000 Fax: (215) 542-5635

November 14, 2001

VIA Fax to 609-633-1564

NJ Dept of Labor & Workforce Development  
Attn: Tom Voorhees  
Asbestos Control and Licensing Section  
1 John Fitch Plaza, 3<sup>rd</sup> Floor  
Trenton, NJ 08625-0949



RE: EMERGENCY NJ Asbestos Notification for the Russo Residence

Dear Mr. Voorhees:

I am faxing to you a request for approval of an Emergency Asbestos Notification for the Russo Residence. Location of the property is 108 Wilson Ave - Margate, NJ.

The house is going to Settlement and the Asbestos needs to be removed ASAP.

The Contractor doing the property renovations has requested this work occur tomorrow.

I am enclosing a \$200 check #6821 with the original notification, which will be sent via UPS today.

Respectfully,

Michael Fox  
Controlled Environmental Systems  
Controlledenviro@aol.com



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 5:16)

Check # 20535

Date of Notification (1) 11 / 14 / 11		Name of Building Owner/Operator (2) Redco Engineering	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 137 Elmer Street City, State, Zip Code Westfield, NJ 07091 Name of Contact Will Jess Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Courier News Street Address 1201 US Highway 22 West City (5) Bridgewater County (6) Somerset		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 20,000 # of Floors 2 Bldg. Age 30+ County Code (7) (STATE USE ONLY) Current Use (Prior to being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) National Monitoring Labs Street Address 611 Church Road, Suite 217 City, State, Zip Code Cherry Hill, NJ 08002 Project Manager for Monitoring Firm Ronen Bakshi Telephone No. 856-663-9077		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation Street Address 500 East Luzerne Street City, State, Zip Code Philadelphia, PA 19124 Telephone No. 215-739-8165 License No. 00646	
Start Date (10) 11 / 28 / 11		Scheduled Completion Date (11) 12 / 02 / 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 - Describe Time of Abatement: 7AM-5PM / ____ PM- ____ AM		Name of OSHA Monitor SAME AS ABOVE Street Address City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)
Basement Mechanical Room	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Spray-on Fire Proofing	275 SF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler Diamond Huntbach Construction	NJDEP Waste Hauler ID No. 19689	Cubic Yards of Waste 2 cy	Name of Registered Landfill Minerva Landfill
City, State Philadelphia, PA 19124		Disposal Date 12/02/11	City, State Waynesburg, OH 44688
Completed By (Print or Type) Charles F. Imbimbo	Title Project Manager	Signature 	Date 11/14/11



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

*Check # 20535*

Date of Notification (1) <u>11</u> / <u>14</u> / <u>11</u>			Name of Building Owner/Operator (2) <b>Redco Engineering</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>137 Elmer Street</b> City, State, Zip Code <b>Westfield, NJ 07091</b> Name of Contact <b>Will Jess</b> Telephone Number <b>[REDACTED]</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Courier News</b>			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 <b>1201 US Highway 22 West</b>			Square Feet <b>20,000</b>						
City (5) <b>Bridgewater</b>			# of Floors <b>2</b>		Bldg. Age <b>30+</b>				
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Vacant</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>National Monitoring Labs</b>		ASCM No.		Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>					
Street Address <b>811 Church Road, Suite 217</b>		Street Address <b>500 East Luzerne Street</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>					
City, State, Zip Code <b>Cherry Hill, NJ 08002</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>					
Project Manager for Monitoring Firm <b>Ronen Bakshi</b>		Telephone No. <b>856-863-9077</b>		License No. <b>00646</b>					
Start Date (10) <u>11</u> / <u>28</u> / <u>11</u>		Scheduled Completion Date (11) <u>12</u> / <u>02</u> / <u>11</u>		Name of OSHA Monitor <b>SAME AS ABOVE</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ <u>      </u> PM- <u>      </u> AM			Street Address <b>500 East Luzerne Street</b> City, State, Zip Code <b>Philadelphia, PA 19124</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 180$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spray-on Fire Proofing	275 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach Construction</b>		NJDEP Waste Hauler ID No. <b>19689</b>		Cubic Yards of Waste <b>2 cy</b>		Name of Registered Landfill <b>Minerva Landfill</b>			
City, State <b>Philadelphia, PA 19124</b>		Disposal Date <b>12/02/11</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed By (Print or Type) <b>Charles F. Imbimbo</b>		Title <b>Project Manager</b>		Signature <i>Charles F. Imbimbo</i>		Date <b>11/14/11</b>			



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

**REMEMBER - MAIL IN HARD COPY**

CP # 2173

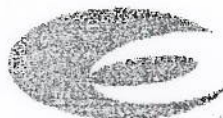
Date of Notification (1) 11 / 11 / 11		Name of Building Owner/Operator (2) Wells Fargo Bank		DOL - 10 DAY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> OCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Wells Fargo Center		NOV 14 2011	
		City, State, Zip Code Charlotte, NC 28288		Telephone Number	
		Name of Contact Anna Mays		WAIVER	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Wells Fargo Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 115 Main Street			Square Feet 3500		
City (5) Bloomington			# of Floors 1		Blgd. Age 55+
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 120 North Warren		Street Address 1123 BEAVER STREET			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Brian Holbig		Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509	
Start Date (10) 11 / 12 / 11		Scheduled Completion Date (11) 11 / 12 / 11		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-12:00PM/11:00PM-_____ AM			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 li <input type="checkbox"/> ≥ 160 sf or ≥ 260 li		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enforce Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	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)
	Yes	No	N/A		
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation/Fittings	49 LF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date 11/14/11		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni	
				Date	

ASB-41

MAY 11 6-11305

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





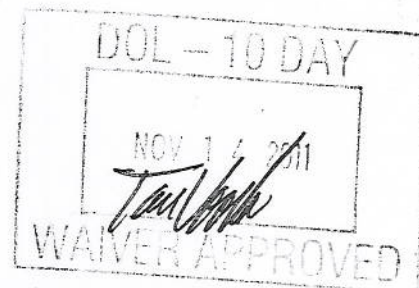
# ENVIRONMENTAL CONNECTION INC

A Vertical Technologies Corporation

REMEMBER - MAIL IN HARD COPY

November 10, 2011

Mr. Gino Pizzigoni  
Bristol Environmental, Inc.  
1123 Beaver Street  
Bristol, PA 19007



Re: Emergency Notification Request for Asbestos Abatement  
Bloomingdale Wells Fargo Office, 115 Main Street, Bloomingdale, New Jersey

Dear Mr. Pizzigoni:

Heating pipe lines in the basement at the referenced location require immediate repairs; however, asbestos containing thermal system insulation is present and requires removal. In order to minimize any disruption to the banking institution, the Owner, Wells Fargo Bank, N.A., has declared the asbestos abatement work an emergency. This work is necessary to facilitate heating systems repairs.

The project is scheduled to commence at noon on Saturday, November 12, 2011. Please proceed with all required notifications so that this project can commence as indicated herein. Thank you for your prompt response to this matter. If you have any questions regarding this project, please contact the undersigned at your convenience.

Respectfully:

ENVIRONMENTAL CONNECTION, INC.

*Brian J. Holbig*

Brian J. Holbig, CMC  
Senior Project Manager



REMEMBER - MAIL IN HARD COPY

Print Form

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:29 and 12:120)

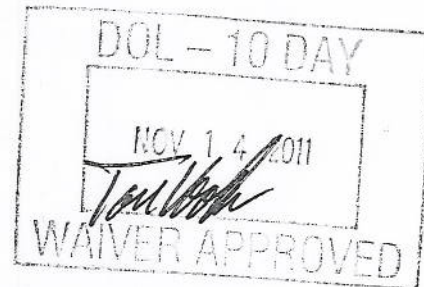
CK 22.66

Date of Notification (1) 11/14/11		Name of Building Owner/Operator (2) Frank & Angelique Aeillo / Residence		DOL - 10 DAY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 502 Lilac Lane City, State, Zip Code Cherry Hill, NJ 08002 Name of Contact Frank	
NOV 14 2011 WAIVER					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Frank & Angelique Aeillo / Residence			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 502 Lilac Lane			Square Feet 1000 +		# of Floors 2
City (5) Cherry Hill, NJ 08002			Bldg. Age 35+		
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior to 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 West Berlin NJ 08091	
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Pernaco Inc	
Start Date (10) 11/15/11		Scheduled Completion Date (11) 11/18/11		Street Address PO Box 329	
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: Home owners will be home				City, State, Zip Code West Berlin NJ 08091	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> < 33 sf or < 33 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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)
	Yes	No	N/A		
through out lower level			x	Floor Tile Only	800 SF
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No 22459		Cubic Yards of Waste 2	
City, State Elin NJ		Disposal Date 11/18/11		Name of Registered Landfill G.R.O.W.S.	
City, State Morrisville PA 19067		Completed by Anthony T. Perna		Title President	
Signature		Date 11/14/11			



REMEMBER - MAIL IN HARD COPY

Frank & Angelique Acillo  
502 Lilac Lane  
Cherry Hill, New Jersey  
08002



November 11, 2011

To Whom it May Concern:

We are repairing the family room floor that sustained heavy water damage from the bursting of a water heater. During the repair process we discovered tile floor underneath the wood flooring. We were then informed that the tile floor might contain asbestos. The tile floor was tested and the test determined that it contained asbestos. Therefore, we are requesting a waiver of the 10 day notification period so that we can proceed immediately with the asbestos abatement and necessary repairs that have started.

Respectfully yours,

  
Frank Acillo

Home Phone Number: 8 [REDACTED]



**REMEMBER - MAIL IN HARD COPY**

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

**DOL - 10 DAY**

NOV 14 2011

**WAIVER APPROVED**

Date of Notification (1) 11/11/11 Ck: 1823 \$200		Name of Building Owner/Operator (2) Fairleigh Dickinson University							
Agencies Notified	Type Notification	Street Address 1000 River Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Tom Pruno	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fairleigh Dickinson University, Giovatto Library		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 1000 River Road		Square Feet 20,000	# of Floors 2						
City (5) Teaneck, New Jersey 07666		Bldg. Age 55+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 5434 Kings Avenue Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Tom		Telephone No. 973-225-8400	License No. 01104						
Start Date (10) 11/15/11	Scheduled Completion Date (11) 11/16/11	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 5pm		Street Address 2							
		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"/> >3 sf or >3 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
Boiler Room	X			TSI Wet Wrap & Cut	9LF	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 11/17/11		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature [Signature]		Date 11/11/11			



REMEMBER - MAIL IN HARD COPY

# Environmental Design Inc.

Professional Environmental Consultants

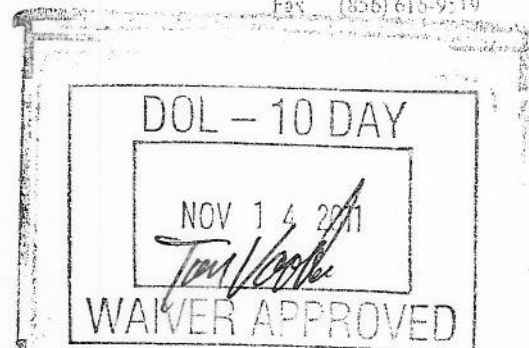
5434 King Avenue, Suite 101  
Pennsauken, New Jersey 08109

Phone (888) 396-4545

Fax (856) 616-9319

November 10, 2011

Gabriel Olejarova  
Lilich Corporation  
606 McBride Avenue  
Woodland Park, NJ 07424



RE: Waiver of 10 Day Notification for Fairleigh Dickinson University, Teaneck Campus.  
Giovatto Library for a project to be conducted on Tuesday November 15, 2011.

Dear Mr. Olejarova:

*Environmental Design Inc.* of Pennsauken, NJ has been hired by Environmental Waste Management Associates (EWMA and also the Client) who represents Fairleigh Dickinson University to assist in environmental projects. An emergency situation has arisen at the Giovatto Library located at the Teaneck Campus, 1000 River Road, Teaneck, NJ, 07666. Lilich Corporation has been the Contractor selected to respond to a project involving the wet, wrap, cut and disposal of approximately 9 linear feet (LF) of asbestos covered pipe and fittings. There may also be some additional cleaning necessary including HEPA vacuuming. It is your responsibility to submit a 10 day notification request to the agencies listed below using this letter as a request for a waiver.

Currently, the University is engaged in a renovation of various areas of the college. The pipe and fittings in question are leaking and require repair. Replacement parts will not be available until Tuesday, November 15, 2011 hence the reason the Client requires the removal to be done on that day. Thank you for your anticipated cooperation.

Sincerely,

Tom Pruno  
Director of Operations