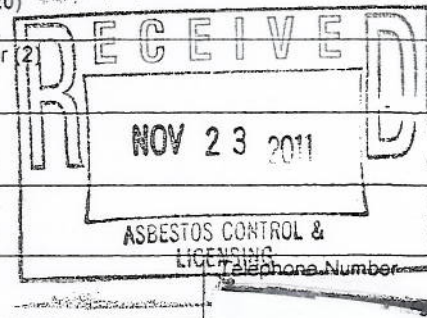


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9-22-11 (1) 9-26-11 (2) 10-03-11		Name of Building Owner/Operator (2) Town of Kearny	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 402 Kearny Avenue	
		City, State, Zip Code Kearney, NJ 07032	
		Name of Contact Michael Martello	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached	# of Floors see attached
City (5) Kearney		Bldg. Age 50+	
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical plant	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.	ASCM No. 0045	Name of Abatement Contractor (9) Precision Environmental Co.
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Street Address 64 Broad Street	Street Address 5500 Old Brecksville Rd
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City, State, Zip Code Matawan, NJ 07747	City, State, Zip Code Independence, Ohio 44131
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Project Manager for Monitoring Firm Thomas P. Geiger	Telephone No. 732-290-2217	Telephone No. 216-642-6040	License No. 01143
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Start Date (10) 10-11-11	Scheduled Completion Date (11) 11-18-11	Name of OSHA Monitor Environmental Tactics, Inc
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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 64 Broad Street
	City, State, Zip Code Matawan, NJ 07747

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

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

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio
---	---	-----------------------------	--

City, State Freehold, New Jersey	Disposal Date 10-10/11-18-11	City, State Oregon, Ohio
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Completed by John E. Savage	Title Vice President	Signature <i>John E. Savage</i>	Date 10-03-11
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9-22-11 (1) 9-26-11		Name of Building Owner/Operator (2) Standard Chlorine Chemical Co., Inc							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1025-1035 Belleville Turnpike							
		City, State, Zip Code Kearney, NJ 07302							
		Name of Contact Margaret Kelly							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached							
City (5) Kearney		# of Floors see attached							
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Chemical plant							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045							
Street Address 64 Broad Street		Name of Abatement Contractor (9) Precision Environmental Co.							
City, State, Zip Code Matawan, NJ 07747		Street Address 5500 Old Brecksville Rd							
Project Manager for Monitoring Firm Thomas P. Geiger		City, State, Zip Code Independence, Ohio 44131							
Telephone No. 732-290-2217		Telephone No. 216-642-6040							
Start Date (10) 10-10-11		License No. 01143							
Scheduled Completion Date (11) 11-18-11		Name of OSHA Monitor Environmental Tactics, 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 64 Broad Street							
		City, State, Zip Code Matawan, NJ 07747							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
See attached		X	See attached	See attached	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164		Cubic Yards of Waste 974		Name of Registered Landfill Envirosafe Services of Ohio			
City, State Freehold, New Jersey		Disposal Date 10-10/11-18-11		City, State Oregon, Ohio					
Completed by John E. Savage		Title Vice President		Signature <i>John E. Savage</i>		Date 09-26-11			

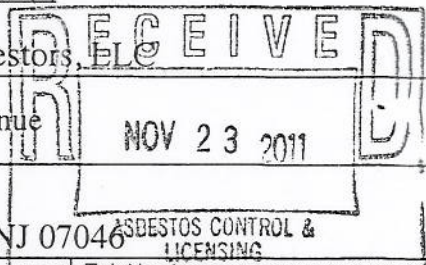
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09-22-11		Name of Building Owner/Operator (2) Envirosafe Services of Ohio								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 876 Otter Creek Road								
		City, State, Zip Code Oregon, Ohio 43616								
		Name of Contact Lisa Humphrey	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Standard Chlorine Chemical Co.		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 1015-1035 Belleville Turnpike		Square Feet See attached	# of Floors see attached							
City (5) Kearney		Bldg. Age 50+								
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chemical plant								
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. N/A	Name of Abatement Contractor (9) Precision Environmental Co.							
Street Address 280 Huyler Street		Street Address 5500 Old Brecksville Rd								
City, State, Zip Code South Hackensack, New Jersey 07606		City, State, Zip Code Independence, Ohio 44131								
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-480-8700	Telephone No. 216-642-6040							
		License No. 01143								
Start Date (10) 10-10-11	Scheduled Completion Date (11) 11-18-11	Name of OSHA Monitor Geiser Fajardo Omega Environmental Services, 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 280 Huyler Street								
		City, State, Zip Code S. Hackensack, NJ 07606								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
See attached		X		See attached	See attached	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJDO54126164	Cubic Yards of Waste 974	Name of Registered Landfill Envirosafe Services of Ohio						
City, State Freehold, New Jersey		Disposal Date 10-10/11-18-11		City, State Oregon, Ohio						
Completed by John E. Savage		Title Vice President	Signature <i>John E. Savage</i>				Date 09-22-11			

9026

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 11/21/2011		Name of Building Owner/Operator (2) 67 Whippany Investors	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Certification () Emergency Notification (including justification) () Cancelled	Street Address 49 Bloomfield Avenue	
		City, State, Zip Code Mountain Lakes, NJ 07046	
		Name of Contact Ross M. Chomik	ASBESTOS CONTROL & LICENSING



Name of Facility Where Abatement is Taking Place (3) Commercial Property			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 67 Whippany Rd			Sq. Feet: <u>180,000</u> # of Floors <u>3</u> Bldg. Age <u>50</u>	
City (5) Whippany	County (6) Morris	County Code (7) (State Use Only)	Current Use (prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc.		ASCM No. N/A	Name of Contractor (9) Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.)	
Street Address 3300 Hudson Avenue			Street Address 3300 Hudson Avenue	
City, State, Zip Code Union City, NJ 07087			City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm David Camacho	Telephone Number (201) 325-0055	Telephone Number (201)325-0055	License Number 01124	
Scheduled Start Date (10) 12/1/2011	Scheduled Completion Date (11) 03/31/2012		Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe:			Street Address 3300 Hudson Avenue	
			City, State, Zip Code Union City, NJ 07087	

Source of Work (Check all that apply)

≥ 3 SF or ≥ 3 LF
 Renovation
 Full Containment with Negative Pressure
 Glove-bag Procedure
 ≥ 160 SF or ≥ 260 LF
 Demolition
 Mini-Enclosure
 Non-Exempted (*) and Non-Friable Procedure

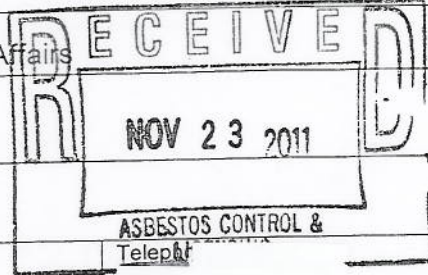
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscous.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Building A		X		VAT	127,019 SF	X			
Building A		X		Mastic	155,792 SF	X			
Building A		X		Baseboard glue	7286 LF	X			
Building A		X		Wall Caulking	16,083 LF	X			
Building A		X		TSI pipe and fittings	6570 FT	X			
Building A		X		TSI air duct	2060 ST	X			
Building A		X		Spray-on fireproofing	7000 SF	X			
Building A		X		Transite panels	13,064 SF	X			
Building 11A		X		Mastic over concrete	1,006 SQ FT	X			

Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 500 (estimated)	Name of Reg. Landfill Cumberland County Landfill
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 03/30/2012	City, State Newburg, PA 17242
Completed by (Print or Type) David Camacho Walsh	Title General Manager	Signature 	Date 11/21/2011

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

Check # 6570

Date of Notification (1) 11/17/11		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
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 of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 101 Eggerts Crossing Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact William McBride	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Somerset Armory			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1060 Hamilton Street			Square Feet 40000	# of Floors 2	Bldg. Age ~80
City (5) Somerset	County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) armory		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 116 Tices Lane, Unit B-1		Street Address 3 Lynn Court			
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Kevin Lovely	Telephone Number 732-390-5858		Telephone Number 973-709-0200	License Number 00852	
Scheduled Start Date (10) 11/28/11	Sched. Completion Date (11) 12/31/11		Name of OSHA Monitor J & S Environmental Laboratories, 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 - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- Demolition
- ≥3 sf or ≥3 lf
- ≥160 sf or ≥260 lf

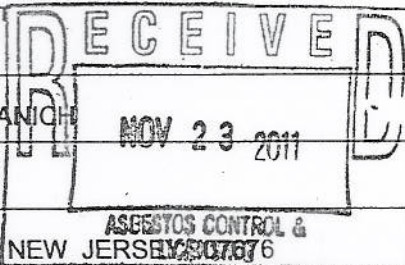
Renovation

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

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	E	E	N	E			
Throughout - exterior		x		Window and door glazing	150 SF	x							

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 10	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 12/28/11	City, State Waynesburg, OH	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 		Date 11/17/11

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



OK
166

Date of Notification (1) 11-18-2011		Name of Building Owner/Operator (2) JOHN SCRIVANICH	
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 560 CHESTNUT STREET	
		City, State, Zip Code TWP OF WASHINGTON NEW JERSEY 07076	
		Name of Contact JOHN SCRIVANICH	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 560 CHESTNUT STREET		Square Feet 800	# of Floors 1
City (5) TWP OF WASHINGTON NEW JERSEY		Bldg. Age 80	
County (6) BERGEN	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) SHARON QUALITY CONSTRUCTION LLC.
Street Address		Street Address 22 VAN ORDEN PL	
City, State, Zip Code		City, State, Zip Code HACKENSACK NEW JERSEY 07601	
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01135
Start Date (10) 11-28-2011	Scheduled Completion Date (11) 11-29-2011	Name of OSHA Monitor J&S ENVIRONMENTAL SERVICES 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 2333 ROUTE 22 SOUTH	
		City, State, Zip Code UNION N J.	

Scope of Work (Check All That Apply)

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

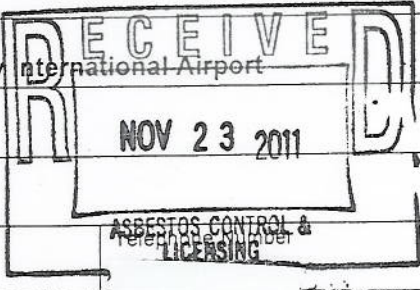
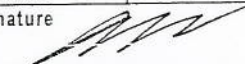
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMANT		X		VAT FLOOR TILE	800	X			

Name of Registered Waste Hauler DJM TRANSPORT INC.		NJDEP Waste Hauler ID No. 29686	Cubic Yards of Waste 1	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State KEARNY N J.		Disposal Date 11-30-2011	City, State NEWBURG PA.17242		
Completed by CARLOS ESQUIVEL		Title MANAGER	Signature 	Date 11-18-2011	

No check

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

Check No. No Fee

Date of Notification (1) November 17, 2011		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport					
Agency Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per Stat Reg 10:27D4</small> <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	Building 80, 2nd Floor Newark, NJ 07114					
		Name of Contact Ralph Campione					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Terminal B, B2 Elevator Lobby Mid Level			Type of Facility (4)				
Street Address Terminal B, Newark Liberty International Airport			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Newark		Square Feet 24000	# of Floors 2	Bldg. Age 40 +/-			
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Terminal			
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.				
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue					
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120			
Start Date (1 0) December 04, 2011	Scheduled Completion Date (1 1) January 31, 2012		Name of OSHA Monitor McCabe Environmental Services, L.L.C.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 464 Valley Brook Avenue				
			City, State, Zip Code Lyndhurst, NJ 07071-1998				
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <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
Terminal B, B2 Elevator Lobby Mid Level	<input checked="" type="checkbox"/>		Fireproofing	1,800 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. 19555	Cubic Yards of Waste 30	Name of Registered Landfill Minerva Enterprises, Inc.			
City, State Bronx, NY		Disposal Date 12/10/2011 - 01/31/2012		City, State Waynesburg, OH			
Completed by G. Roger Woodman	Title Project Manager		Signature 		Date 11/17/2011		

REMEMBER - MAIL IN HARD COPY

DECEIVE

Print Form

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

DOL - 10 DAY

NOV 23 2011

Check # 1188

NOV 1 2011
 ASBESTOS CONTROL & REMEDIATION

WAIVER APPROVED

4158

Date of Notification (1) November 17, 2011		Name of Building Owner/Operator (2) Mark Fiorelli	
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 107 Deptford Road	
		City/State/Zip Code Glassboro, NJ 08028	
		Name of Contact Mark Fiorelli	

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 107 Deptford Road			Square Feet 2600	# of Floors 3	Orig. Age 70
City (5) Glassboro		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
County (8) Gloucester		Name of Monitoring Firm Hired by Building Owner (8) Mog Environmental		ASCM No.	
Street Address 1000 Maplewood Drive		Name of Abatement Contractor (9) Shade Environmental, LLC		Street Address 47 S. Lippincott Ave	
City/State/Zip Code Maple Shade, NJ 08052		City/State/Zip Code Maple Shade, NJ 08052		City/State/Zip Code Westmont New Jersey 08108	
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300		Telephone No. 856-755-0099	
License No. 00842		Start Date (10) November 18, 2011		Scheduled Completion Date (11) November 22, 2011	
Name of OSHA Monitor EN/SL		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe			

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 150 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			XXX	Asbestos Sheet Flooring	205 SF	XXX			
Kitchen			XXX	Tile under sheet flooring	205 SF	XXX			

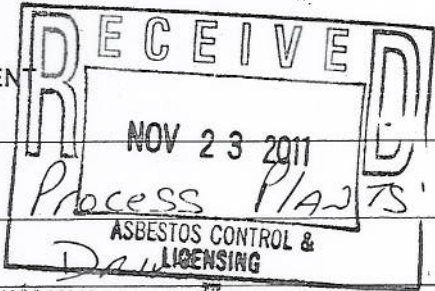
Name of Registered Waste Hauler Freehckd Cartage		NJDEP Waste Hauler ID No 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill	
City/State Mount Holly, New Jersey 08060			Disposal Date	City/State Tullytown, PA.	

Completed by William Lynch	Title Owner	Signature <i>William Lynch</i>	Date November 17, 2011
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* Do not use this form for asbestos licensure exempted activities

7478

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



Date of Notification (1) <u>11 / 18 / 11</u>		Name of Building Owner/Operator (2) <u>INTERNATIONAL</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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 <u>17A MAILED</u>	
		City, State, Zip Code <u>HAMILTON NJ 08691</u>	
		Name of Contact <u>DAN SUMMERS</u>	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>WARREN GLEN</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 and commercial buildings, homes, etc.)	
Street Address <u>1 Route 519</u>		Square Feet <u>±30</u>	# of Floors <u>2</u>
City (5) <u>Bloomsbury</u>		Bldg. Age <u>±30</u>	
County (6) <u>Hunterdon</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>ABANDONED</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MIKE KARL</u>	ASCM No.	Name of Abatement Contractor (9) <u>K+A ENVIRONMENTAL</u>	
Street Address <u>20 LAUCK RD</u>		Street Address <u>20 LAUCK RD</u>	
City, State, Zip Code <u>Mohnton PA 19540</u>		City, State, Zip Code <u>Mohnton PA 19540</u>	
Project Manager for Monitoring Firm <u>DAN SCHLOSSER</u>	Telephone No. <u>610 856 7700</u>	Telephone No. <u>610 856 7700</u>	License No. <u>01102</u>
Start Date (10) <u>4 / 25 / 2011</u>	Scheduled Completion Date (11) <u>1 / 30 / 2012</u>	Name of OSHA Monitor <u>MIKE KARL</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM - ___ PM / ___ PM - ___ AM		Street Address <u>20 LAUCK RD</u>	
		City, State, Zip Code <u>Mohnton PA 19540</u>	

Scope of Work (Check all that apply)


<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Throughout Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System	2700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System	1000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal System	1700 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"/>

Name of Registered Waste Hauler <u>K+A ENVIRONMENTAL</u>	NJDEP Waste Hauler ID No. <u>00815</u>	Cubic Yards of Waste <u>100</u>	Name of Registered Landfill <u>IMPERIAL LANDFILL</u>
City, State <u>Mohnton PA</u>		Disposal Date <u>1/30/2012</u>	City, State <u>Imperial PA</u>
Completed By (Print or Type) <u>Ed KARL</u>	Title <u>HR</u>	Signature <u>[Signature]</u>	Date <u>11/19/2011</u>

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

Check # 7117

Date of Notification (1) 11-18-11		Name of Building Owner/Operator (2) Sarnoff Corporation		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DECEIVED NOV 23 2011 ASBESTOS CONTROL NUMBER </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 201 Washington Road						
			City, State, Zip Code Princeton, NJ 08543						
			Name of Contact Ed Compta						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sarnoff Corporation				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 201 Washington Road				Square Feet 100,000	# of Floors 5				
City (5) Princeton				Bldg. Age 65yrs.					
County (6) Mercer		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial building					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address 411 Southgate Court, Suite E			Street Address 923 Haws Avenue						
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398					
Start Date (10) 12-5-11	Scheduled Completion Date (11) 12-12-11		Name of OSHA Monitor EHS Environmental Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>			Street Address 411 Southgate Court, Suite E						
			City, State, Zip Code Mickleton, NJ 08056						
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 checked="" type="checkbox"/> patch and repair work <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
mechanical room	x			tank insulation	60 LF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery					
City, State Bellmawr, NJ		Disposal Date 12-12-11	City, State Tullytown, PA						
Completed by James M. Kelly		Title Project Manager	Signature 		Date 11-18-11				

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

RECEIVED B206

Date of Notification (1) 11-18-11		Name of Building Owner/Operator (2) W. McLEAN								
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 54 CHAMBERLAIN AVE								
		City, State, Zip Code LITTLE FERRY NJ 07643								
		Name of Contact W. McLEAN								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) W. McLEAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 54 CHAMBERLAIN AVE		Square Feet	# of Floors							
City (5) LITTLE FERRY		Bldg. Age								
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St								
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601								
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388							
Start Date (10) 11-29-11	Scheduled Completion Date (11) 11-30-11	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: 7 AM 5 PM		Street Address 280 Huyler St								
		City, State, Zip Code South Hackensack, N.J. 07606								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
BASAMENT			X	VAT	840 SF	X				
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 1/2 YDS	Name of Registered Landfill Cumberland County Landfill						
City, State South Kearny N.J. 07032		Disposal Date 11-30-11		City, State Newburgh PA, 17242						
Completed by R. Veldran		Title Estimator	Signature R. Veldran		Date 11-18-11					

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

APPROVED
NJ Dept. of Health & Senior Services
(signature)
Date: 11/18/11
Time: 1:55
Emergency Notification

REC'D
NOV 23 2011
ASBESTOS CONTROL & LICENSES
Telephone Number

MO#19129303822

Date of Notification (1)

11/18/2011

Agency Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial
- Amendment #
- Emergency (including Justification)
- Cancellation

Name of Building Owner/Operator (2)

Jona Shain

Street Address

227 Main Avenue

City, State, Zip Code

Passaic, NJ 07055

Name of Contact

John Shain

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Linon store

Street Address

227 Main Avenue

City (5)

Passaic, NJ 07055

County (6)

Passaic

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Passaic

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)

Scheduled Completion Date (11)

11/19/2011

11/20/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

Street Address

20-21 Wagraw Road, Bldg # 34A

City, State, Zip Code

Fair Lawn, NJ 07410

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

- >3 sf or >3 lf
- ≥160 sf or ≥260 lf

- Renovation
- Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement			X	Pipe insulation	80 LF	X		

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Name of Registered Landfill

T.R.R.F. Inc

Gr Tech LLC

City, State

Wayne, NJ 07470

Disposal Date

City, State

Tullytown, PA

Completed by

Title

Owner

Signature

John Shain

Date

11/18/2011

N.Jevtic
ASE-11

APPROVED
NJ Dept. of Health & Senior Services
[Signature]

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

RECEIVED
NOV 23 2011
ASBESTOS CONTROL & LICENSING

Check # 1232

Date of Notification (1)
11/18/2011

Name of Building Owner/Operator (2)
Bobbie Persons

Street Address
10 Country Club Road

City, State, Zip Code
Willingboro, NJ 08046

Name of Contact
Kevin Mathis

Emergency Notification

Agency Notified
 EPA
 DEP
 DOL
 DOH
 OCA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private home

Street Address
10 Country Club Road

City (5)
Willingboro, NJ 08046

County (6)
Burlington

Type of Facility (4)
 School (K-12)
 Subchapter 6 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

Square Feet
of Floors
Bldg. Age

County Code (7) (STATE USE ONLY)
Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address
576 Valley Rd #283

City, State, Zip Code
Wayne, NJ 07470

Project Manager for Monitoring Firm
Telephone No. 973-638-1777

License No. 01127

Start Date (10) 11/19/2011
Scheduled Completion Date (11) 11/20/2011

Name of OSHA Monitor
Envirovision Consultants, Inc

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

Street Address
20-21 Wagaraw Road, Bldg. # 34A

City, State, Zip Code
Fair Lawn, NJ 07410

Scops of Work (Check all that apply)

>3 sf or >3 lf
 ≥160 sf or >260 lf

Renovation
 Demolition

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

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

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470

NJDEP Waste Hauler ID No.
0033785

Cubic Yards of Waste

Name of Registered Landfill
T.R.R.F. Inc
City, State
Tullytown, PA

Completed by
N. Jevtic
ASB-41

Title
Owner

Signature
[Signature]

Date
11/18/2011

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

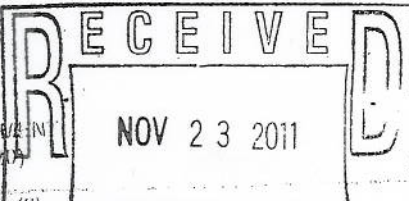
RECEIVED

NOV 23 2011

ck # 3205

Date of Notification (1) 11-18-2011		Name of Building Owner/Operator (2) S. GIARDINO								
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 461 GLEN AVE		City, State, Zip Code PALISADE PARK NJ 07650								
Name of Contact S. GIARDINO		Telephone Number _____								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) S. GIARDINO		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 461 GLEN AVE.		Square Feet 2100	# of Floors 2							
City (5) PALISADE PARK		Bldg. Age 75 yrs								
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc							
Street Address		Street Address 450 South River St								
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601								
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388							
Start Date (10) 11-28-11	Scheduled Completion Date (11) 11-29-11		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: 8 AM 5 PM		Street Address 280 Huyler St								
		City, State, Zip Code South Hackensack, N.J. 07606								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
BASEMENT			X	THERMAL INSUL. METAL DUCT	150 LF	X				
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 1 1/2 yds	Name of Registered Landfill Cumberland County Landfill						
City, State South Kearny N.J. 07032		Disposal Date 11-29-11		City, State Newburgh PA, 17242						
Completed by R. Veldran		Title Estimator	Signature R. Veldran		Date 11-18-2011					

CK
1274



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)

Date of Notification (1) **11-18-11**

Name of Building Owner/Operator (2) **PICON PARTNERS ASBESTOS CONTROL & LICENSING**

Street Address **1185 AVENUE OF THE AMERICANS**

City, State, Zip Code **NEW YORK NY 10036**

Name of Contact **VACCARO ASSOCIATES**

Agencies Notified: EPA, DEP, DOH, DCA

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

Name of Facility Where Abatement is Taking Place (3) **PICON PARTNERS**

Street Address **1 BENNET ST**

City (5) **GERSEY CITY**

County (6) **Hudson**

County Code (7) (STATE USE ONLY)

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

Square Feet **10000**, # of Floors **2**, Bldg. Age **80**

Current Use (Prior if being demolished) **OLD AYS FACTORY**

Name of Monitoring Firm Hired by Building Owner (8) _____

ASCM No. _____

Name of Abatement Contractor (9) **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Telephone No. **732 214 1757**, License No. **00029**

Project Manager for Monitoring Firm _____, Telephone No. _____

Start Date (10) **11-28-11**, Scheduled Completion Date (11) **12-19-11**

Occupancy Status During Abatement (Check only one): Facility Closed/Vacated During Entire Period of Abatement, Abatement Performed Outside of Normal Facility Hours, Other - Describe: **7am - 7pm**

Name of OSHA Monitor **ACE INSULATION CO INC**

Street Address **95 MONTROSE RD**

City, State, Zip Code **COLTS NECK NJ 07722**

Scope of Work (Check all that apply): ≤ 3 sf, ≥ 160 sf or ≥ 260 lf, Renovation, Demolition, Full Containment with Negative Pressure, Mini-Enclosure, Glovebag Procedure, Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			2000 or less	2000 to 5000	5000 to 10000	10000 or more
ROOF ON FLOOR				TRANSITE ROOF	10,000 SF				
				PIPE INSUL	200 SF				
				TANK INSUL	200 SF				
				ROOF FLASHING	500 LF				

Name of Registered Waste Hauler **ACE INSULATION CO**, NJDEP Waste Hauler ID No. **12086**

City, State **COLTS NECK NJ 07722**

Cubic Yards of Waste **6.00 YD**, Name of Registered Landfill **ICE SE**

Disposal Date **12-20-11**, City, State **BETHLEHEM PA**

Completed By **Jack Gual**, Title **OPS MGR**, Signature **Jack Gual**, Date **11-18-11**

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 12:120)

ch # 3207

Date of Notification (1) 11-18-2011		Name of Building Owner/Operator (2) MENNELLAS POULTRY CO	
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 100 GEORGE ST	City, State, Zip Code PATERSON NJ 07510
		Name of Contact JOHN KEITH	Telephone Number ASBESTOS CONTROL & REMEDIATION

RECEIVED

NOV 23 2011

Name of Facility Where Abatement is Taking Place (3) MENNELLAS POULTRY CO		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 GEORGE ST		Square Feet 3800	# of Floors 2
City (5) PATERSON		Bldg. Age 84 yrs	
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) GARAGE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) / Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388

Start Date (10) 11-30-2011	Scheduled Completion Date (11) 12-1-2011	Name of OSHA Monitor Omega Environmental Services
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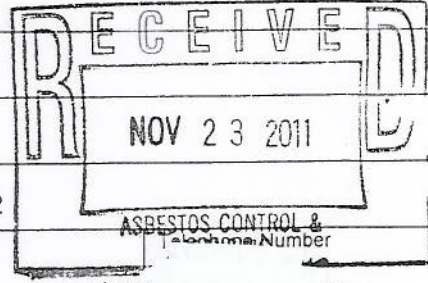
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM - 5 PM	Street Address 280 Huyler St
	City, State, Zip Code South Hackensack, N.J. 07606

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> 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
GARAGE			X	THERMAL INSULATION	40 LF	X			

Name of Registered Waste Hauler DJM Transport, Inc	NJDEP Waste Hauler ID No. 22393	Cubic Yards of Waste 140	Name of Registered Landfill Cumberland County Landfi
City, State South Kearny N.J. 07032	Disposal Date 12-1-11	City, State Newburgh PA, 17242	
Completed by R. Veldran	Title Estimator	Signature R. Veldran	Date 11-18-2011

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



Date of Notification (1) 11/15/11 CK: 1626 \$200		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue
			City, State, Zip Code Morristown, New Jersey 07962
			Name of Contact Peter Palmer

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Newton Medical 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 175 High Street		Square Feet 30,000	# of Floors 2
City (5) Newton, New Jersey 07860		Bldg. Age 55+	
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Medical Center	
Name of Monitoring Firm Hired by Building Owner (8) Birdsall Services Group		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 65 Jackson Drive		Street Address 606 McBride Avenue	
City, State, Zip Code Cranford, New Jersey 07016		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm Charles Shneekloth		Telephone No. 908-497-8900	Telephone No. 973-225-8400
License No. 01104			
Start Date (10) 11/28/11	Scheduled Completion Date (11) 11/29/11	Name of OSHA Monitor J&S Environmental Labs	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 12Midnight		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Medical Records Room		X		Plaster Ceiling	130 SF	X			
Medical Records Room		X		Air Cell Pipe Insulation	100 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date 11/30/11	City, State Morrisville, Pennsylvania
Completed by Tatiana Kalenikova	Title Vice President	Signature <i>Tatiana Kalenikova</i>	Date 11/15/11

**EMERGENCY
REQUEST WAIVER**

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Prescribed by NJAC 8:26 and 12:126)

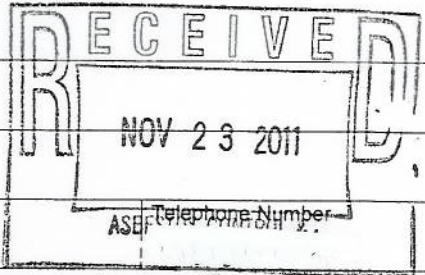
DECEMBER 2, 2011
APPROVED
NJ Dept of Health & Senior Services
[Signature]

Date of Notification (1) 11-16-11		Name of Building Owner/Operator (2) B. EDDY		APPROVED NJ Dept of Health & Senior Services <i>[Signature]</i>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment of Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 321 CLEVELAND AVENUE		City, State, Zip Code HASBROUCK HEIGHTS, N.J. 07041						
		Name of Contact B. EDDY		Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) B. EDDY			Type of Facility (4)							
Street Address 321 CLEVELAND AVE.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) HASBROUCK HEIGHTS		Square Feet 2200	# of Floors 2	Bldg. Age 71 YRS						
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)						
Street Address				Best Removal Inc						
City, State, Zip Code				Street Address 450 South River St						
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Hackensack, N.J. 07601						
				Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 11-23-11		Scheduled Completion Date (11) 11-25-11		Name of OSHA Monitor Omega Environmental Services						
Occupancy Status During Abatement (Check Only One)			Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM			280 Huyler St							
			City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> 23 sq ft or less <input checked="" type="checkbox"/> 2160 sq ft or 2250 sq ft		<input checked="" type="checkbox"/> Restoration <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) BASEMENT	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	
			X	VAT	425 SF	X				
Name of Registered Waste Hauler DJM Transport, Inc		NJDEP Waste Hauler ID No. 22393		Cubic Yards of Waste 1 1/2 YD		Name of Registered Landfill Cumberland County Landfill				
City, State South Kearny N.J. 07032		Disposal Date 11-25-11		City, State Newburgh PA, 17242						
Completed by R. Veldran		Title Estimator		Signature <i>[Signature]</i>		Date 11-16-11				

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

CR # 2175

Date of Notification (1) <u>11</u> / <u>8</u> / <u>11</u>		Name of Building Owner/Operator (2) Rutgers University	
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 checked="" type="checkbox"/> Amended Amendment # <u>1-11/15/11</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address #27 Road 1 Bldg 4086	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Mike Smith	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Armitage Hall			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 311 N. 5 th Street Bldg 7036			Square Feet 46000		
City (5) Camden			# of Floors 4		Bldg. Age 30+
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) University	
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 3 Terri Lane			Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington Township, NJ 08016			City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Brian Kearney		Telephone No. 609-386-8800	Telephone No. 215-788-6040		License No. 00509
Start Date (10) <u>11</u> / <u>22</u> / <u>11</u>	Scheduled Completion Date (11) <u>11</u> / <u>29</u> / <u>11</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> PM- <u>5:00</u> AM			Street Address 1123 BEAVER STREET		
			City, State, Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

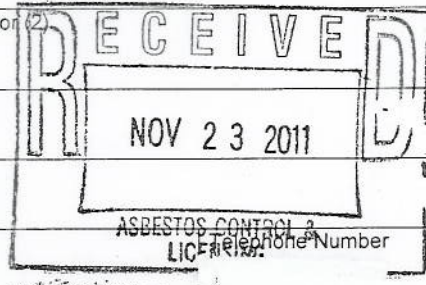
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Offices 349-356 <i>REV #1</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	acoustical texture ceiling finish	<i>REV #1</i> 1,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices 349-356 <i>REV #1</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile	<i>REV #1</i> 1,000	<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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30 Cu Yds	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720			Disposal Date 11/29/11	City, State WAYNESBURG, OH 44688	

Completed By (Print or Type) Gino Pizzigoni		Title General Manager	Signature <i>Gino Pizzigoni</i>		Date 11/15/11
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:27)

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) 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 # <u>3</u> <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

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	# of Floors 2
City (5) Chesterfield		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) <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 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: <u>7AM-5PM</u> / <u> </u> PM - <u> </u> AM		Street Address	
		City, State, Zip Code	

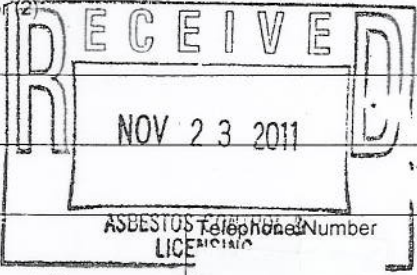
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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	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 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	

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

Date of Notification (1) <u>11</u> / <u>14</u> / <u>11</u>		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 # <u>3</u> <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	

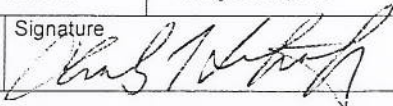
FACILITY INFORMATION

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	# of Floors 2	Bldg. Age 40+
City (5) Chesterfield		Current Use (Prior if being demolished) Roadway		
County (6) Burlington		County Code (7) (STATE USE ONLY)		
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) <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 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: <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)

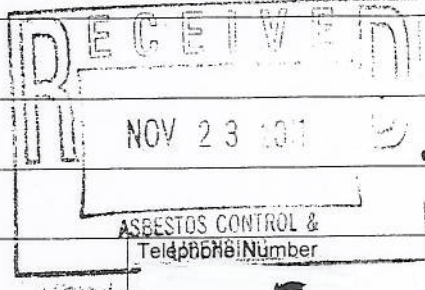
<input type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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	

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

Check # 20535

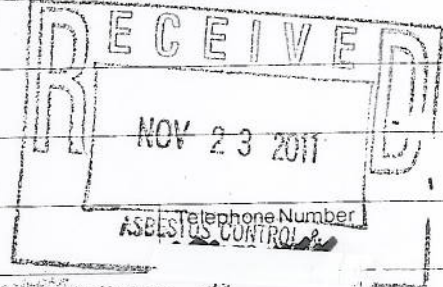


Date of Notification (1) 11 / 14 / 11		Name of Building Owner/Operator (2) Redco Engineering								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Courier News		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 1201 US Highway 22 West		Square Feet 20,000	# of Floors 2							
City (5) Bridgewater		Bldg. Age 30+								
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm Hired by Building Owner (8) National Monitoring Labs		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation							
Street Address 811 Church Road, Suite 217		Street Address 500 East Luzerne Street								
City, State, Zip Code Cherry Hill, NJ 08002		City, State, Zip Code Philadelphia, PA 19124								
Project Manager for Monitoring Firm Ronen Bakshi		Telephone No. 856-663-9077	Telephone No. 215-739-8166							
			License No. 00646							
Start Date (10) 11 / 28 / 11	Scheduled Completion Date (11) 12 / 02 / 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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement 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 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 12:120)

4137

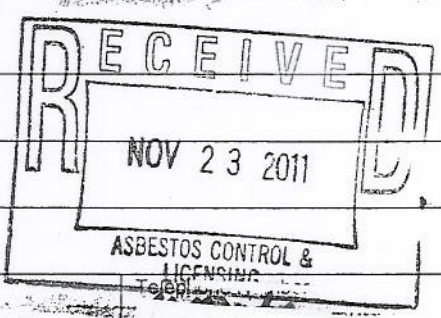
No check



Date of Notification (1) November 15, 2011		Name of Building Owner/Operator (2) Roger Hamrah						
Agencies Notified		Street Address						
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	935 Somerset St. / Rt 27						
<input checked="" type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code						
<input checked="" type="checkbox"/> DOL	Amendment # <u>1</u>	Somerset, NJ 08876						
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Roger Hamrah						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Showroom		Type of Facility (4)						
Street Address 935 Somerset St. / Rt 27		<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) Somerset		Square Feet	# of Floors					
County (6) Somerset		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) business						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.					
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209						
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. License No. (973) 759 - 5000 00781					
Start Date (10) 11/14/11	Scheduled Completion Date (11) 11/25/11	Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
throughout		<input checked="" type="checkbox"/>	tile/ceramic tile & mastic	4800 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 48	Name of Registered Landfill GROWS				
City, State Freehold / Newark, NJ		Disposal Date 11/25/11		City, State Morrisville, PA				
Completed by Mike Cooper		Title President	Signature 		Date 11/15/11			

ck
2275

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



Date of Notification (1) 11/18/11		Name of Building Owner/Operator (2) Kevin Engelken / Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 Hudson Ave City, State, Zip Code Harvey Cedars NJ 08008 Name of Contact Anthony

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kevin Engelken / 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 11 Hudson Ave		Square Feet 1000+	# of Floors 2	Bldg. Age 35+
City (5) Harvey Cedars NJ 08008		Current Use (Prior if being demolished) Residence		
County (6) Ocean	County Code (7) (STATE USE ONLY) _____			

Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 11/28/11	Scheduled Completion Date (11) 12/2/11	Name of OSHA Monitor Pernaco Inc		
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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)

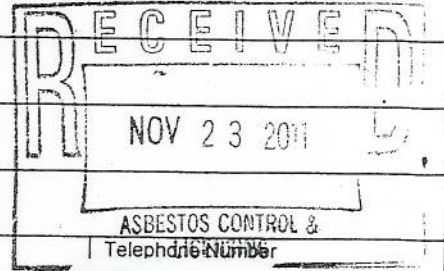
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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 Siding			x	Exterior Siding	1000 SF	x			

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 12/2/11		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 11/18/11

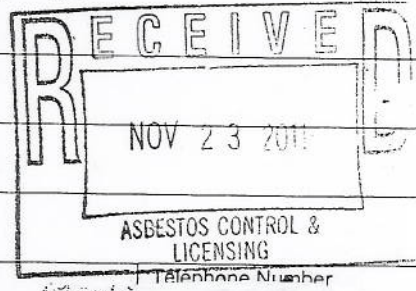
CK
2274

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



Date of Notification (1) 11/18/11		Name of Building Owner/Operator (2) Ted Fleuhr / Residence							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 104 East 110th Street							
		City, State, Zip Code Beach Haven Terrace NJ 08008							
		Name of Contact TJ							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ted Fleuhr / 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 104 East 110th Street		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven Terrace NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. .	Name of Abatement Contractor (9) 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) 12/6/11	Scheduled Completion Date (11) 12/12/11	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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 Siding			X	Exterior Siding	2600 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 12/12/11		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/18/11			

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



Date of Notification (1) 11/18/2011		Name of Building Owner/Operator (2) NYCB	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 615 MERRICK AVENUE	
		City, State, Zip Code WESTBURY, NY 11568	
		Name of Contact DAN GEORGIE	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) GARDEN STATE COMMUNITY 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 & commercial buildings, homes, etc.)	
Street Address 597 VALLEY ROAD		Square Feet	# of Floors
City (5) MONTCLAIR		Bldg. Age	
County (6) ESSEX	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) TWO BROTHERS CONTRACTING, INC.	
Street Address		Street Address 250 RUTHERFORD BOULEVARD	
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494

Start Date (10) 12/1/11 Weather Permitting	Scheduled Completion Date (11) 12/10/11	Name of OSHA Monitor SAME AS (9) ABOVE	
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Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>ROOF - TO BE COMPLETED WEATHER PERMITTING</u>	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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		TRANSITE ROOF SIDING	2000 SF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State CLIFTON, NJ	Disposal Date 12/10/11	City, State MORRISVILLE, PA	
Completed by ELIZABETH MLADENOVIC	Title SECRETARY	Signature 	Date 11/18/11