

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

CHECK#22426  
**RECEIVED**

Date of Notification (1) <b>11/16/2012</b>		Name of Building Owner/Operator <b>PRIVATE RESIDENCE</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>18 KENNETH AVENUE</b>	
		City, State, Zip Code <b>PARLIN, NJ 08859</b>	
		Name of Contact <b>DAVID J. D'ANDREA</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>PRIVATE RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address <b>18 KENNETH AVENUE</b>		Square Feet	# of Floors Bldg. Age
City (5) <b>PARLIN, NJ</b>		Current Use (Prior if being demolished)	
County <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) <b>SYNATECH, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>
Street Address <b>829 RADIO ROAD</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City (5) <b>LITTLE EGG HARBOR</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>	
Project Manager for Monitoring Firm <b>JAY MURPHY</b>	Telephone No. <b>609-296-6916</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>
Start Date (10) <b>11/16/2012</b>	Scheduled Completion Date (11) <b>11/19/2012</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
THROUGHOUT RESIDENCE		<input checked="" type="checkbox"/>	NFVAT
CEILING AREA		<input checked="" type="checkbox"/>	ASBESTOS SPACKLE
Name of Registered Waste Hauler <b>JACK ROBINSON WASTE DISPOSAL</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>4 YD</b>
City, State <b>BELLMAWR, NJ</b>		Name of Registered Landfill <b>GROWS</b>	
Disposal Date <b>11/20/2012</b>		City, State <b>MORRISVILLE, PA</b>	
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature 27-Mar <i>David J. D'Andrea</i>	Date <b>11/16/2012</b>

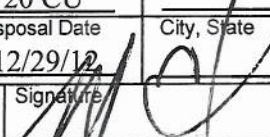
ASB-41

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

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

**RECEIVED**

CK #24964

Date of Notification (1) <b>11/19/12</b>		Name of Building Owner/Operator (2) <b>Bel-Ray Company, Inc.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 526</b>	
		City, State, Zip Code <b>Farmingdale, NJ 07721</b>	
		Name of Contact <b>Pat Clark</b>	
Telephone Number 			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Bel-Ray Company, Inc.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>1201 Bowman Avenue</b>		Square Feet	# of Floors
City (5) <b>Wall Township</b>		Bldg. Age	
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>commercial building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>	
Street Address <b>P.O. Box 341</b>		Street Address <b>PO Box 322</b>	
City, State, Zip Code <b>Crosswicks, NJ 08515</b>		City, State, Zip Code <b>Allentown, NJ 08501</b>	
Project Manager for Monitoring Firm <b>William Weisgarber Jr.</b>		Telephone No. <b>(609) 298-4070</b>	License No. <b>00493</b>
Start Date (10) <b>11/30/12</b>	Scheduled Completion Date (11) <b>12/29/12</b>	Name of OSHA Monitor <b>MECS</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 341</b>	
		City, State, Zip Code <b>Crosswicks, NJ 08515</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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)
	Yes	No	
<b>Interior Tanks</b>		<input checked="" type="checkbox"/>	<b>tank insulation</b>
<b>Exterior Tanks</b>			<b>tank insulation</b>
<b>Various areas Interior</b>			<b>pipe insulation</b>
<b>Exterior Tank Area</b>			<b>pipe insulation</b>
Amount (Specify SF or LF)		Abatement Type	
<b>600 sf</b>		<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Repair
<b>260 sf</b>		<input checked="" type="checkbox"/> Encapsulate	<input type="checkbox"/> Enclosure
<b>320 lf</b>			
<b>20 lf</b>			
Name of Registered Waste Hauler <b>Stevens Environmental Services Inc.</b>		NJDEP Waste Hauler ID No. <b>18292</b>	Name of Registered Landfill <b>T.R.R.F. Inc.</b>
City, State <b>Allentown, NJ</b>		Cubic Yards of Waste <b>20 CU</b>	City, State <b>Tullytown, PA</b>
Disposal Date <b>12/29/12</b>		Date <b>11/19/12</b>	
Completed By <b>Mahlon E. Stevens</b>	Title <b>Project Manager</b>	Signature 	



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

CHECK#22429

2012 NOV 23 PM 1:31

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>11/16/2012</b>		Name of Building Owner/Operator (2) <b>BANK OF AMERICA</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification Initial	Street Address <b>140 MAIN STREET</b>					
	<input type="checkbox"/> Amended Amendment #	City, State, Zip Code <b>MATAWAN, NJ 07747</b>					
	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact <b>DAVID J. D'ANDREA</b>					
	<input type="checkbox"/> Cancellation	Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>BANK OF AMERICA</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)					
Street Address <b>140 MAIN STREET</b>		Square Feet	# of Floors Bldg. Age				
City (5) <b>MATAWAN, NJ</b>		Current Use (Prior if being demolished)					
County <b>MIDDLESEX</b>	County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) <b>AMERITECH</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>				
Street Address <b>78 E. ATLANTIC WAY</b>		Street Address <b>15 BLACK FOREST ROAD</b>					
City, State, Zip Code <b>LAVALLETT, NJ 08735</b>		City, State, Zip Code <b>HAMILTON, NJ 08691</b>					
Project Manager for Monitoring Firm <b>ROD MORRIS</b>	Telephone No. <b>732-664-7788</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>				
Start Date (10) <b>11/19/2012</b>	Scheduled Completion Date (11) <b>11/21/2012</b>	Name of OSHA Monitor <b>N/A</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours <b>ESSENTIAL PERSONNEL ONLY</b>		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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	<input checked="" type="checkbox"/>	NFVAT	2800 SQ. FT.	<input checked="" type="checkbox"/>			
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>JACK ROBINSON WASTE DISPOSAL</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>10 YD</b>	Name of Registered Landfill <b>GROWS</b>			
City, State <b>BELLMAWR, NJ</b>		Disposal Date <b>11/23/2012</b>	City, State <b>MORRISVILLE, PA</b>				
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David J. D'Andrea</i>	Date <b>11/16/2012</b>				

ASB-41

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

**RECEIVED**

Date of Notification (1) 11 / 21 / 2012		Name of Building Owner/Operator (2) <b>CSX Corporation</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>500 Water Street</b>							
		City, State, Zip Code <b>Jacksonville, FL 32202</b>							
		Name of Contact <b>Gary Wywra</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>CSX Railyard - Police Headquarters</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>25 Pennsylvania Avenue</b>		Square Feet <b>3375</b>	# of Floors <b>2</b>						
City (5) <b>Kearny</b>		Bldg. Age <b>30+</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Shaw Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>Prism Response, Inc.</b>							
Street Address <b>128 S. Tryon Street - Interstate Tower</b>		Street Address <b>102 Technology Lane</b>							
City, State, Zip Code <b>Charlotte, NC 28202</b>		City, State, Zip Code <b>Export, PA 15632</b>							
Project Manager for Monitoring Firm <b>Gary Wywra</b>		Telephone No. <b>732-939-3707</b>	License No. <b>01121</b>						
Start Date (10) 12 / 3 / 2012	Scheduled Completion Date (11) 12 / 14 / 2012	Name of OSHA Monitor <b>Shaw Environmental, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>128 South Tryon Street, Interstate Tower</b>							
		City, State, Zip Code <b>Charlotte, NC 28202</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Entire First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	3375 SF	<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"/>	Insulation	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Drop Ceiling - 1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Camden, New Jersey</b>		Disposal Date <b>12/14/2012</b>		City, State <b>Penn Argyl, PA</b>					
Completed By (Print or Type) <b>Jessica Busch</b>		Title <b>Administrative Support</b>	Signature <i>Jessica Busch</i>			Date <b>11/21/2012</b>			



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

RECEIVED


Date of Notification (1) 11/19/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH		Street Address P.O. box 2158 City, State, Zip Code Princeton NJ 08543 Name of Contact Robert Otego	
Type Notification Initial Notification x Amended Notification Cancellation		Telephone Number 2012 NOV 23 PM 1:50 ASBESTOS CONTROL & LICENSING	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - 138-140 Alexander street			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)	
Street Address 138-140 Alexander Street			Square Feet 5000	
City (5) Princeton			# of Floors 2	
County (6)			Bldg. Age 50+	
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) University	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCruce Avenue	
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342	
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505	
Scheduled Start Date (10) 12/04/12 Month/Day/Year			Licence Number 1103	
Sched. Completion Date (11) 01/31/13 Month/Day/Year			Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020	

Scope of work (Check all that apply) x Demolition >3 sf or >3 if x >160 sf or >260 lf		Full Containment with Negative Pressure x Mini - Enclosure x Glovebag Procedure x Non-Friable Procedure	
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Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Bldg 138 exterior		x		cement board exterior	2025 SF	x			
Bldg 138 exterior		x		window caulk	180 LF	x			
Bldg 138 Basement		x		flu packing	1 SF	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 20		Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA			
Completed By (Print or Type) Mark Goshow				Title Project Manager		Signature 	
						Date 11-21-12	

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

Chel # 29659  
RECEIVED

Date of Notification (1) 11/20/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	Telephone Number
	<input type="checkbox"/> Cancellation	Robert Otego	

2012 NOV 23 PM 1:47

ASBESTOS CONTROL  
& LICENSING

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Guyot Hall Basement D 96			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 10000		
City (5) Princeton			County (6)		County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			ASCM No.		Name of Abatement Contractor (9) Associated Specialty Contracting
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 856-547-0505		Licence Number 1103
Scheduled Start Date (10) 11/23/12 Month/Day/Year		Sched. Completion Date (11) 11/27/12 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 5:00 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 if <input type="checkbox"/> >160 sf or >260 lf	Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
	Yes	No	N/A						
Basement room D 96		x		floor tile and mastic	180	x			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 2	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA		
Completed By (Print or Type) Mark Goshow		Title Project Manager		Signature <i>Mark Goshow</i>	Date 11-20-11	



## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

REMEMBER - MAIL IN HARD COPY

Date of Notification (1) 11/20/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification <input checked="" type="checkbox"/> Initial	Street Address P.O. box 2158	
	<input type="checkbox"/> Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended	Name of Contact Robert Orago	
	<input type="checkbox"/> Cancellation	Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - Gayot Hall Basement D 96			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter S (Other than K12) <input checked="" type="checkbox"/> Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 10000		
City (5) Princeton			County (6)	County Code (7) (STATE USE ONLY)	# of Floors 3
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Bldg. Age 50+		
Street Address 515 Grove Street Suite 1B			Current Use (Prior if being demolished) University		
City, State, Zip Code Haddon Heights NJ			Name of Abatement Contractor (9) Associated Specialty Contracting		
Project Manager of Monitoring Firm Alan Lloyd			Street Address 98 LaCruce Avenue		
Telephone Number 856-547-0505			City, State, Zip Code Glen Mills, PA 19342		
Scheduled Start Date (10) 11/23/12 Month/Day/Year			Telephone Number 610-364-9622		
Scheduled Completion Date (11) 11/27/12 Month/Day/Year			Licence Number 1103		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 3:00 PM Other - Describe:			Name of OSHA Monitor Criterion Labs		
			Street Address 3378 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

## Scope of work (Check all that apply)

Demolition

- ☒ >3 sf or >3 if  
>160 sf or >260 lf

Renovation

## Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

☒ Non-Friable Procedure

Location of Asbestos - Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement room D 96		<input checked="" type="checkbox"/>		Floor tile and mastic	180	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 2	Cubic Yards of Waste 2	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed	City, State Morrisville PA	
Completed By (Print or Type) Mark Goshaw	Title Project Manager	Signature <i>Mark Goshaw</i>	Date 11-20-12

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

RECEIVED Check # 8022

NOV 23 PM 12:00

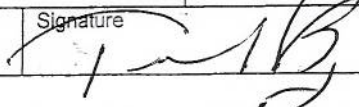
Date of Notification (1) 11/15/12		Name of Building Owner/Operator (2) GRAND STREET REALTY LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 3 MANHATTANVILLE ROAD		City, State, Zip Code PURCHASE, N.Y. 10577	
Name of Contact RYAN PORTERFIELD		Telephone Number P.M.	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SHOPPING CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 420 GRAND STREET		Square Feet 20,000	
City (5) JERSEY CITY		# of Floors 1	
County (6) HUDSON		Bldg. Age 56	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) STORES	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 11/15/12		License No. 00156	
Scheduled Completion Date (11) 11/26/12		Name of OSHA Monitor 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	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BLIMPIES		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
RADIO SHACK		VAT 290 SF	
LIQUOR STORE		VAT 30 SF	
DRY CLEANERS		VAT 2,000 SF	
LAUNDRY		VAT 1,400 SF	
Name of Registered Waste Hauler NEWARK CARTING INC.		NUDEP Waste Hauler ID No. 04509	
City, State NEWARK, NJ		Cubic Yards of Waste 20	
Name of Registered Landfill IESI PA Bethlehem Landfill Corp.		Disposal Date 11/15/12	
City, State Bethlehem, PA 18015		Completed by R. McDonald	
Title President		Signature R. McDonald	
Date 11/15/12			



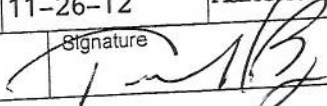
No check

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

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2012 NOV 23 AM 11:56

Date of Notification (1) 11-19-12		Name of Building Owner/Operator (2) United States Postal Service						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P.O. Box 27497						
		City, State, Zip Code Greensboro, NC 27498						
		Name of Contact David Calkins	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Highlands Main Post Office		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 170 Bay Avenue								
City (5) Highlands		Square Feet 2,200	# of Floors 1					
County (6) Monmouth		Bldg. Age 48yrs.						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Post Office						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 1253 North Church Street		Street Address 923 Haws Avenue						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-884-8800	Telephone No. 610-239-9920					
		License No. 00398						
Start Date (10) 11-20-12	Scheduled Completion Date (11) 11-20-12	Name of OSHA Monitor Plymouth Environmental Co., 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 923 Haws Avenue						
		City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
work floor		X	VAT	1,000 SF	X			
work floor		X	cove base adhesive	100 SF	X			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.				
City, State Bellmawr, NJ			Disposal Date 11-20-12	City, State Morrisville, PA				
Completed by Timothy E. Bryan		Title Vice-President	Signature 	Date 11-19-12				

2012 NOV 23 AM 11:55

Date of Notification (1) <b>11-19-12</b>		Name of Building Owner/Operator (2) <b>United States Postal Service</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <b>P.O. Box 27497</b>		City, State, Zip Code <b>Greensboro, NC 27498</b>						
Name of Contact <b>David Calkins</b>		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Lavallette Main Post Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>502 Grand Central Avenue</b>		Square Feet <b>2,200</b>	# of Floors <b>1</b>					
City (5) <b>Lavallette</b>		Bldg. Age <b>40yrs</b>						
County (6) <b>Ocean</b>		Current Use (Prior if being demolished) <b>Post Office</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>					
Street Address <b>1253 North Church Street</b>		Street Address <b>923 Haws Avenue</b>						
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Norristown, PA 19401</b>						
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-884-8800</b>	License No. <b>00398</b>					
Start Date (10) <b>11-21-12</b>	Scheduled Completion Date (11) <b>11-26-12</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address <b>923 Haws Avenue</b>					
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code <b>Norristown, PA 19401</b>					
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>1,000 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>work floor</b>		<b>X</b>	<b>VAT</b>		<b>X</b>			
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Ocean County Landfill</b>				
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>11-26-12</b>	City, State <b>Manchester Township, NJ</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 			Date <b>11-19-12</b>		

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

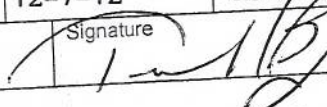


Date of Notification (1) <b>11-19-12</b>		Name of Building Owner/Operator (2) <b>United States Postal Service</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>P.O. Box 27497</b>		City, State, Zip Code <b>Greensboro, NC 27498</b>	
Name of Contact <b>David Calkins</b>		Telephone Number	

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ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) <b>Normandy Beach Main Post Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>551 State Route 35N</b>		Square Feet <b>1,900</b>	# of Floors <b>1</b>
City (5) <b>Normandy Beach</b>		Bldg. Age <b>42years</b>	
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Post Office</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>923 Haws Avenue</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-884-8800</b>	License No. <b>00398</b>
Start Date (10) <b>11-26-12</b>	Scheduled Completion Date (11) <b>12-7-12</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>923 Haws Avenue</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>Norristown, PA 19401</b>	
<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) 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
work floor		<input checked="" type="checkbox"/>		sheetrock joint compound	1,900 SF	<input checked="" type="checkbox"/>			
work floor		<input checked="" type="checkbox"/>		VAT	1,000 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Ocean County Landfill</b>	
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>12-7-12</b>	City, State <b>Manchester Township, NJ</b>		
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>	Signature 		Date <b>11-19-12</b>

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



# State of New Jersey - Notification of Asbestos Abatement

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

<b>Date of Notification (1)</b> <b>October 16, 2012</b>		<b>Name of Building Owner/Operator (2)</b> <b>Bloomfield College</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>467 Franklin Street</b>		<b>City, State, Zip Code</b> <b>Bloomfield, NJ 07003</b>	
<b>Name of Contact</b> <b>Jack Mc Grane</b>		<b>Telephone Number</b>	
FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>Bloomfield College- Knox Hall- Basement</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: 2,000 # of Floors: 3 Bldg. Age: 50+ years</b>	
<b>Street Address</b> <b>467 Franklin Street</b>		<b>Current Use (prior if being demolished):</b> Offices, Storage	
<b>City (5)</b> <b>Bloomfield</b>	<b>County (6)</b> <b>Essex</b>	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Envirovision, inc.</b>		<b>ASCM No.</b> <b>00079</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>20-21 Wagaraw Road, Bldg # 34A</b>		<b>Street Address</b> <b>268 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>Fairlawn, NJ 07410</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>Fred Larson</b>	<b>Telephone Number</b> <b>973-636-9145</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>November 21, 2012</b>	<b>Scheduled Completion Date (11)</b> <b>November 26, 2012</b>		
<b>Occupancy Status During Abatement (Check only one)</b> <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: <b>Non Occupied - Sub-Chapter 8 Phase 2</b>		<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>	
<b>Street Address</b> <b>20-21 WARGARAW ROAD, Bldg # 34A</b>		<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ 07410</b>	
<b>Source of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div>           Renovation            Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure            Mini-Enclosure            Tent /Glovebag Procedure            Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Basement</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA <input checked="" type="checkbox"/> YES	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>TSI</b>	<b>Amount (Specify SF or LF)</b> <b>200 LF</b>
<b>Abatement Type</b> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose		<b>Disposal Date</b> <b>November 26, 2012</b>	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Name of Registered Landfill</b> <b>Meadowfill Landfill</b>
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<b>City, State</b> <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>	
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		<b>Date</b> <b>October 16, 2012</b>	
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Marin Graure</i>	<b>Date</b> <b>October 16, 2012</b>

GAC # 2012-311- No Add Quantities- Included Envirovision ASCM # and checked off DCA



REMEMBER - MAIL IN HARD COPY

CK 002829

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 26:27 and 26:28)

RECEIVED  
2012 NOV 22  
11:52  
NOV 16 2012  
WAIVER APPROVED  
DOH - 10 DAY  
CONTROLLING

Date of Notification (1) <b>11/15/2012</b>		Name of Building Owner/Operator (2) <b>Passaic County Building &amp; Grounds</b>	
Agencies Notified <input 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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address <b>317 Pennsylvania Avenue</b> City, State, Zip Code <b>Paterson, NJ 07503</b> Name of Contact <b>Mr. Jack Nigro</b> Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Passaic County Courthouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>71 Hamilton Street</b>		Square Feet <b>5000 SF</b>	# of Floors <b>4</b>
City (5) <b>Paterson</b>		Bldg. Age <b>60+</b>	
County (6) <b>Passaic</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering Services Inc</b>		Name of Abatement Contractor (9) <b>DIA General Construction, Inc.</b>	
Street Address <b>River Drive Center One, 4th Floor</b>		Street Address <b>1360 Clifton Avenue, PMB Suite 218</b>	
City, State, Zip Code <b>Elmwood Park, NJ 07407</b>		City, State, Zip Code <b>Clifton, NJ 07012</b>	
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone No. <b>201-794-6900 x 4544</b>	Telephone No. <b>973-389-0089</b>
Start Date (10) <b>11/16/2012</b>	Scheduled Completion Date (11) <b>11/18/2012</b>	License No. <b>00693</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor <b>DIA General Construction, Inc.</b>	
		Street Address <b>1360 Clifton Avenue, PMB Suite 218</b>	
		City, State, Zip Code <b>Clifton, NJ 07012</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) (13) <b>TO BE ABATED IN FACILITY</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
First Floor - Room 146	X	Elbow Insulation	3 LF
2nd Floor - Room 202	X	Elbow Insulation	3 LF
Ground Floor - Map Room	X	Elbow Insulation	2 LF
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20970</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>11/18/2012</b>	City, State <b>Waynesburg, OH 44688</b>
Completed By <b>Krutarth Jagad</b>	Title <b>President</b>	Signature	Date <b>11/15/2012</b>

A3841

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



CK 002830

STOS ABATEMENT

51 NOV 16 2012

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



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

**RECEIVED**  
2012 NOV 23  
CK# 2352 4799:49  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>11 / 19 / 12</b>		Name of Building Owner/Operator (2) <b>Little Ferry Public Schools</b>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>130 Liberty Street</b>							
		City, State, Zip Code <b>Little Ferry, new Jersey 07643</b>							
		Name of Contact <b>Bill Goode</b>	Telephone Number <b>201-261-4400</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Washington Elementary School</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>123 Liberty Street</b>									
City (5) <b>Little Ferry, New Jersey 07643</b>		Square Feet <b>20,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>55+</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Elementary School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Lilich Corporation</b>						
Street Address <b>300 Grand Avenue</b>		Street Address <b>606 McBride Avenue</b>							
City, State, Zip Code <b>Englewood, New Jersey 07631</b>		City, State, Zip Code <b>Woodland Park, New Jersey 07424</b>							
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>		Telephone No. <b>201-569-6708</b>	Telephone No. <b>973-225-8400</b>						
		License No. <b>01104</b>							
Start Date (10) <b>11 / 12 / 12</b>	Scheduled Completion Date (11) <b>12 / 10 / 12</b>		Name of OSHA Monitor <b>J&amp;S Environmental</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM-4:00PM/ PM-12:00AM</b>		Street Address <b>2333 Route 22 West</b>							
		City, State, Zip Code <b>Union, New Jersey 07083</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Gymnasium (Full Containment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wood Flooring & Mastic (Occupied)	5100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Under Stage (Tent&Glovebag)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Occupied)	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Lilich Corporation</b>		NJDEP Waste Hauler ID No. <b>18724</b>	Cubic Yards of Waste <b>23</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>Woodland Park, New Jersey</b>		Disposal Date <b>12/11/12</b>		City, State <b>Morrisville, Pennsylvania</b>					
Completed By (Print or Type) <b>Tatiana Kalenikova</b>		Title <b>Vice President</b>		Signature <i>Tatiana Kalenikova</i>		Date <b>11/19/12</b>			



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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)  
11 / 05 / 12

Agencies Notified

☒ EPA  
☒ DOLWD  
☒ DHSS  
☒ DCA  
(NJAC 5:23-8)

Type Notification

☒ Initial  
☐ Amendment  
Amendment # \_\_\_\_\_  
☒ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)  
Little Ferry Public Schools

Street Address

130 Liberty Street

City, State, Zip Code

Little Ferry, New Jersey 07643

Name of Contact

Bille Goode

5- DOL - 10 DAY

ACK# 23295400 - 5 2012

WORKER APPROVED

Name of Facility Where Abatement is Taking Place (3)  
Washington Elementary School

Street Address

123 Liberty Street

City (5)

Little Ferry, New Jersey 07643

County (6)

Bergen

FACILITY INFORMATION

Type of Facility (4)

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

Square Foot

20,000

# of Floors

2

Bldg Age

55+

Current Use (Prior if being demolished)  
Elementary School

Name of Monitoring Firm Hired by Building Owner (8)  
Detail Associates Inc.

ASCM No

Name of Abatement Contractor (9)  
Lilich Corporation

Street Address

606 McBride Avenue

City, State, Zip Code

Woodland Park, New Jersey 07424

Telephone No.

973-225-8400

License No

01104

Name of OSHA Monitor  
J&S Environmental

Street Address

2333 Route 22 West

City, State, Zip Code

Union, New Jersey 07083

Street Address

300 Grand Avenue

City, State, Zip Code

Englewood, New Jersey 07631

Project Manager for Monitoring Firm  
Stephen Jaraczewski

Telephone No.

201-869-8708

Start Date (10)

11 / 12 / 12

Scheduled Completion Date (11)

11 / 26 / 12

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility Hours - Describe  
Time of Abatement: 7AM- PM3:30PM- AM

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)

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement Type

Removal Repair Encapsulate Enclose

Gymnasium

☐ ☒ ☐

Wood Flooring & Mastic (Occupied)

5100 SF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

Lilich Corporation

NJDEP Waste  
Hauler ID No  
18724

Cubic Yards of  
Waste  
20

Name of Registered Landfill  
G.R.O.W.S.

City, State

Woodland Park, New Jersey

Disposal Date  
11/28/12

City, State

Morrisville, Pennsylvania

Completed By (Print or Type)

Tatiana Kalenkova

Title

Vice President

Signature

Tatiana Kalenkova

Date

ASB-4

MAY 11

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



(Pursuant to NJAC 8:60 and 5:16)

ASE-41  
MAY 11

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

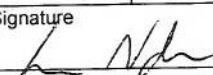


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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**ASBESTOS CONTROL  
& LICENSING**

Date of Notification (1) 11/17/12		Name of Building Owner/Operator (2) Archdiocese of Newark							
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 171 Clifton Ave.		City, State, Zip Code Newark NJ 07104							
Name of Contact Sharon Ertz		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Teresa's Memorial Hall		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 306 Morris Ave.		Square Feet 8000	# of Floors 1						
City (5) Summit		Bldg. Age 100+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 973-406-7341	License No. 01107						
Start Date (10) 11/28/12	Scheduled Completion Date (11) 11/30/12	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington NJ. 07057							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			*	pipe insulation	15lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State Newark NJ.		Disposal Date 11/30/12		City, State Morrisville PA					
Completed by Leslaw Nalodka		Title President		Signature 			Date 11/17/12		

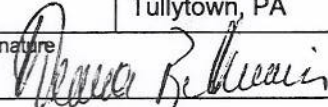


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 11/14/12		Name of Building Owner/Operator (2) Yan & Alice Lou							
Agencies Notified	Type Notification	Street Address 5614 Owens Drive, Apt #202							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pleasanton, CA 94588							
		Name of Contact Yan & Alice Lou	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 254 Forest Avenue		Square Feet N/A	# of Floors N/A						
City (5) Glen Ridge		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 12/03/12	Scheduled Completion Date (11) 12/04/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic crawl space		X		pipe insulation	20 LF				
basement		X		associated with furnace	40 LF				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 11/14/12					



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

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ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 11/14/12		Name of Building Owner/Operator (2) Kelly Schner							
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 27 Normandy Parkway		City, State, Zip Code Morristown, NJ 07960							
Name of Contact Kelly Schner		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 27 Normandy Parkway		Square Feet N/A	# of Floors N/A						
City (5) Morristown		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 11/27/12	Scheduled Completion Date (11) 11/28/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	75 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>				Date 11/14/12	



CK  
51537552-4

Print Form

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/14/12		Name of Building Owner/Operator (2) Joe Guerriero	
Agencies Notified	Type Notification	Street Address 211 Thomas Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07066	
		Name of Contact Joe Guerriero	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 211 Thomas Street		Square Feet N/A	# of Floors N/A
City (5) Cranford		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. #00675
Start Date (10) 11/29/12	Scheduled Completion Date (11) 11/30/12	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
basement		X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Name of Registered Landfill Waste Management of PA	
		Disposal Date TBD	City, State Tullytown, PA
Completed by Deanna Brkusanin	Title Project Manager	Signature <i>Deanna Brkusanin</i>	Date 11/14/12



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

Date of Notification (1) <b>November 19, 2012</b>		Name of Building Owner/Operator (2) <b>Esther Frankel</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
				Street Address <b>613 Maple Avenue</b>	
				City, State, Zip Code <b>Lakewood, NJ 08761</b>	
		Name of Contact <b>Esther Frankel</b>	Telephone Number		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>613 Maple Avenue</b>			Square feet <b>2000 sf</b>		
City <b>Lakewood</b>			# of Floors <b>2</b>		
County (6) <b>Ocean</b>			Bldg. Age <b>60</b>		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>732-349-9932</b>		License Number <b>00624</b>
Scheduled Start Date (10) <b>11/19/12</b>		Scheduled Completion Date (11) <b>11/19/12</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Encapsulation	
				<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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Re-bag 4 bags of asbestos pipe insulation	4 bags				

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>11/20/12</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>		Date <b>11/19/2012</b>

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



MO# 20142481432

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

RECEIVED

Date of Notification (1) 11 / 16 / 12		Name of Building Owner/Operator (2) Yew Lee	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 307 Harrison Avenue City, State, Zip Code harrison, NJ 07029	
		Name of Contact Yew Lee	Telephone Number

2012 NOV 23 AM 11:43

ASBESTOS CONTROL  
& LICENSING

## FACILITY INFORMATION

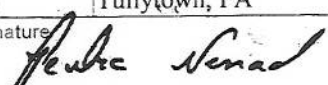
Name of Facility Where Abatement is Taking Place (3) Private home Street Address 307 Harrison Avenue City (5) Harrison, NJ 07029 County (6) Hudson		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)
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		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 11 / 26 / 12	Scheduled Completion Date (11) 11 / 27 / 12	Name of OSHA Monitor Envirovision Consultants, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature 	Date 11/16/2012



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

**RECEIVED**

2012 NOV 23 AM 11:41

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>11/19/2012</b>		Name of Building Owner / Operator (2) <b>Re/Max Power Central</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>200 Tuckerton Rd, St 16</b> City, State & Zip Code <b>Medford, NJ 08055</b> Name of Contact <b>Denny Smith</b>	
		Telephone Number	

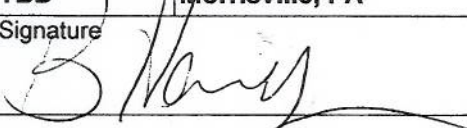
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Single Family Residential</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>111 W. Centennial Drive</b>			Square Feet <b>2,943</b>	# of Floors <b>1</b>	Bldg. Age <b>56</b>
City (5) <b>Medford, NJ</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Single Family Residential</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services, LLC</b>			ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Resource Management Group, LLC</b>	
Street Address <b>318 12st Street</b>			Street Address <b>2115 Hamilton Ave, Ste 202</b>		
City, State & Zip Code <b>Hammonton, NJ 08037</b>			City, State & Zip Code <b>Trenton, NJ 08619</b>		
Project Manager for Monitoring Firm <b>Mr. Jim Proctor</b>		Telephone Number <b>609-704-8850</b>	Telephone Number <b>609-977-6185 - Brian Haney</b>		License Number <b>01185</b>
Scheduled Start Date (10) <b>12-1-2012</b>		Scheduled Completion Date (11) <b>12-11-2012</b>		Name of OSHA Monitor <b>J&amp;S Environmental Laboratories, Inc</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>2333 Route 22 West</b>		
			City, State & Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

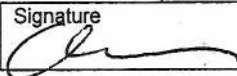
Name of Registered Waste Hauler <b>Horizon Disposal Services, Inc.</b>		NJDEP Waste Hauler ID No. <b>22612</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Brian Haney</b>		Title <b>President</b>	Signature 		Date <b>11/19/2012</b>



\* Emergency \*

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

CK RE28-52  
2012 NOV 23 AM 11:40ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 11/16/12		Name of Building Owner/Operator (2) Natalie Clark / Residence							
Agencies Notified	Type Notification	Street Address 224 N Rosborough Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ventnor City, NJ 08406							
		Name of Contact Natalie							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Natalie Clark / Residence		Type of Facility (4)							
Street Address 224 N Rosborough 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) Ventnor City, NJ 08406		Square Feet 1000 +	# of Floors 1						
County (6) Atlantic		Bldg. Age 35+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N./A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/17/12	Scheduled Completion Date (11) 11/19/12	Name of OSHA Monitor Pernaco Inc							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 329							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home Owner Will Be Home / Weekend		City, State, Zip Code West Berlin NJ 08091							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Garage			x	Boiler insulation	20 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/19/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/16/12			