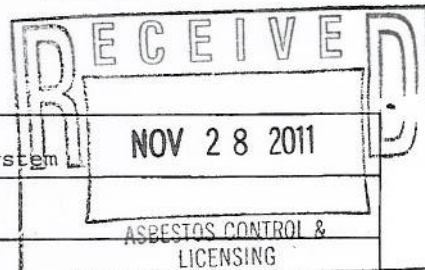


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/25/2011		Name of Building Owner/Operator (2) Saint Barnabas Health Care System							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Old Short Hills Rd							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Lionel Anderson							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Barnabas Health Care System - Unit 2100, 2nd Floor		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 94 Old Short Hills Rd		Square Feet							
City (5) Livingston, NJ		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision		ASCM No.							
Street Address 20-21 Wagaraw Rd		Name of Abatement Contractor (9) Environmental Contractors, Inc							
City, State, Zip Code Fairlawn, NJ 07410		Street Address 235 Watchung Avenue							
Project Manager for Monitoring Firm Willie Morales		City, State, Zip Code West Orange, NJ 07052							
Telephone No. 973-636-9145		Telephone No. 973-243-9872							
License No. 00559		Start Date (10) 11/28/11							
Scheduled Completion Date (11) 11/30/11		Name of OSHA Monitor Long Island Analytical							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied work hrs: 5:30am-noon</u>		Street Address 110 Colin Drive							
City, State, Zip Code Holbrook, NY 11741		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
Unit 2100, 2nd Floor			x	Pipe Insulation	40 LF	x			
Name of Registered Waste Hauler Environmental Contractors, Inc		NJDEP Waste Hauler ID No. 19101		Cubic Yards of Waste	Name of Registered Landfill Cumberland County Landfill				
City, State West Orange, NJ		Disposal Date		City, State Newport, PA 17242					
Completed by Slawomir Kielczewski		Title President		Signature 			Date 11/25/11		

REMEMBER - MAIL IN HARD COPY

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

RECEIVED
NOV 28 2011

DOL - 10 DAY

NOV 25 2011

ASBESTOS CONTROL & LICENSING

WAIVER APPROVED


Date of Notification (1) 11/25/2011		Name of Building Owner/Operator (2) Saint Barnabas Health Care System							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation							
Street Address Old Short Hills Rd		City, State, Zip Code Livingston, NJ 07039							
Name of Contact Lionel Anderson		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Barnabas Health Care System Unit 2100, 2nd Floor		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 94 Old Short Hills Rd		Squero Feet							
City (5) Livingston, NJ		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) 22000		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision		ASCM No.							
Street Address 20-21 Wagarow Rd		Name of Abatement Contractor (9) Environmental Contractors, Inc							
City, State, Zip Code Fairlawn, NJ 07410		Street Address 235 Watchung Avenue							
Project Manager for Monitoring Firm Willie Morales		City, State, Zip Code West Orange, NJ 07052							
Telephone No. 973-636-9145		Telephone No. 973-243-9872							
License No. 00555		Name of OSHA Monitor Long Island Analytical							
Start Date (10) 11/28/11		Scheduled Completion Date (11) 11/30/11							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied work hrs: 5:30am-noon		Street Address 110 Colin Drive							
City, State, Zip Code Helbrook, NY 11741									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 of or 23 lf <input type="checkbox"/> 2100 sf or 2200 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"/> Cleverbag 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
Unit 2100, 2nd Floor			X	Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler Environmental Contractors, Inc		NJDEP Waste Hauler ID No. 19101		Cubic Yards of Waste		Name of Registered Landfill Cumberland County Landfill			
City, State West Orange, NJ		Disposal Date		City, State Newport, PA 17242					
Completed by Slawomir Kielczewski		Title President		Signature 		Date 11/25/11			

ADD 41 (R 08-03)

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

3850

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


Date of Notification (1) 11/8/2011		Name of Building Owner/Operator (2) Hercules	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation	
Street Address 500 Hercules Road City, State, Zip Code Wilmington, DE, 19808		Name of Contact Joe Keller	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hercules Former Facility		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 45, 41, AND 51 HERCULES RD		Sq. Feet <u>6000</u> # of Floors <u>3</u>	
City (5) KENVIL	County (6) MORRIS	County Code (7) (State Use Only)	
Name of Monitoring Firm EHS INC		ASCM No.	
Street Address 9 MAIN STREET		Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>RESIDENCES</u>	
City, State, Zip Code MULLICA HILL, NJ		Name of Contractor (9) Alliance Environmental Systems	
Project Manager for Monitoring Firm JACK CARNEY		Telephone Number 8562230080	License Number 00508
Scheduled Start Date (10) 12/5/2011		Scheduled Completion Date (11) 12/9/2011	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____		Name of OSHA Monitor EHS, INC	
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure		Street Address 9 MAIN STREET	
City, State, Zip Code MULLICA HILL, NJ			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
41 HERCULES RD HOUSE		TRANSITE SHINGLES	1600SF
51 HERCULES RD GARAGE		TRANSITE SHINGLES	550SF
45 HERCULES RD		TRANSITE SHINGLES WINDOW CAULK VAT	2900SF 21 EA 700SF
Abatement Type			
Rem. Rep. Encap. Enclose			
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 100
City, State Hazleton, PA		Disp. Date TBD	Name of Reg. Landfill BFI Imperial
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature 
			Date 11/22/2011

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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

<u>Date of Notification (1)</u> <p align="center">11/8/2011</p>			<u>Name of Building Owner/Operator (2)</u> <p align="center">Hercules</p>		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> <p>500 Hercules Road</p> <u>City, State, Zip Code</u> <p>Wilmington, DE, 19808</p>	
		<u>Name of Contact</u> <p>Joe Keller</p>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 28 2011 ASBESTOS CONTROL & LICENSING </div>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <p>Hercules Former Facility</p>			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> <p>45, 41, AND 51 HERCULES RD</p>			<u>Sq. Feet</u> 6000 <u># of Floors</u> 3		
<u>City (5)</u> <p>KENVIL</p>	<u>County (6)</u> <p>MORRIS</p>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RESIDENCES		
<u>Name of Monitoring Firm</u> <p>EHS INC</p>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> <p>Alliance Environmental Systems</p>	
<u>Street Address</u> <p>9 MAIN STREET</p>		<u>Street Address</u> <p>550 East Union Street</p>		<u>City, State, Zip Code</u> <p>West Chester, PA 19382</p>	
<u>City, State, Zip Code</u> <p>MULLICA HILL, NJ</p>		<u>Telephone Number</u> <p>610-701-9000</p>		<u>License Number</u> <p>00508</p>	
<u>Project Manager for Monitoring Firm</u> <p>JACK CARNEY</p>		<u>Telephone Number</u> <p>8562230080</p>		<u>Name of OSHA Monitor</u> <p>EHS, INC</p>	
<u>Scheduled Start Date (10)</u> <p>11/28/2011</p>		<u>Scheduled Completion Date (11)</u> <p>12/9/2011</p>		<u>Street Address</u> <p>9 MAIN STREET</p>	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -				<u>City, State, Zip Code</u> <p>MULLICA HILL, NJ</p>	
<u>Describe</u> Other -					
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap Enclose	
<p>41 HERCULES RD HOUSE</p>	<p align="center">X</p>	<p>TRANSITE SHINGLES</p>	<p>1600SF</p>	<p align="center">X</p>	
<p>51 HERCULES RD GARAGE</p>	<p align="center">X</p>	<p>TRANSITE SHINGLES</p>	<p>550SF</p>	<p align="center">X</p>	
<p>45 HERCULES RD</p>	<p align="center">X</p>	<p>TRANSITE SHINGLES WINDOW CAULK VAT</p>	<p>2900SF 21 EA 700SF</p>	<p align="center">X</p> <p align="center">X</p> <p align="center">X</p>	
<u>Name of Reg. Waste Hauler</u> <p>N.E.T.S. / Miners</p>		<u>NJDEP Waste Hauler ID #</u> <p>17235</p>		<u>Cubic Yards of Waste</u> <p>Approx. 100</p>	
<u>City, State</u> <p>Hazeltown, PA</p>		<u>Disp. Date</u> <p>TBD</p>		<u>Name of Reg. Landfill</u> <p>BFI Imperial</p>	
<u>Completed by (Print or Type)</u> <p>DEVIN BLOM</p>		<u>Title</u> <p>Estimator</p>		<u>Signature</u> 	
		<u>Date</u> <p>11/8/2011</p>			

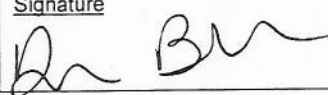
Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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

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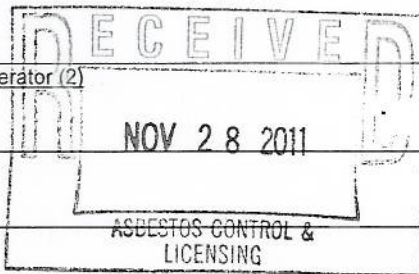
Date of Notification (1) 11/10/2011			Name of Building Owner/Operator (2) Hercules		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (x) Amended Notification Amendment # <u>1</u> () Emergency (including justification) () Cancellation		Street Address 500 Hercules Road City, State, Zip Code Wilmington, DE, 19808	
		Name of Contact Joe Keller		ASBESTOS CONTROL & LICENSING NOV 28 2011	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Hercules Former Facility			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 145 oakdale road			Sq. Feet <u>6000</u> # of Floors <u>3</u>		
City (5) CHESTER	County (6) MORRIS	County Code (7) (State Use Only)	Bldg. Age <u>30+</u> Current Use (prior if being demolished) <u>RESIDENCES</u>		
Name of Monitoring Firm EHS INC		ASCM No.	Name of Contractor (9) Alliance Environmental Systems		
Street Address 9 MAIN STREET			Street Address 550 East Union Street		
City, State, Zip Code MULLICA HILL, NJ			City, State, Zip Code West Chester, PA 19382		
Project Manager for Monitoring Firm JACK CARNEY		Telephone Number 8562230080	Telephone Number 610-701-9000		License Number 00508
Scheduled Start Date (10) 12/5/2011		Scheduled Completion Date (11) 1/27/2012		Name of OSHA Monitor EHS, INC	
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			Street Address 9 MAIN STREET		
Describe Other -			City, State, Zip Code MULLICA HILL, NJ		
Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
ROOF		Roofing	57185sf	X	
1 ST FLOOR		Vat & mastic	39855sf	X	
1 ST FLOOR		TRANSITE	60SF	X	
		WINDOW CAULK	8lf	X	
		Duct tar paper	845SF	X	
1 ST FLOOR		JUMPER WIRE	600LF	X	
		PIPE INSULATION	1435LF	X	
		SEAM TAR	40LF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners		NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 100		Name of Reg. Landfill BFI Imperial
City, State Hazelton, PA			Disp. Date TBD	City, State Imperial, PA	
Completed by (Print or Type) DEVIN BLOM		Title Estimator	Signature 		Date 11/22/2011

Mail to: NJDEP-DSHW-BRRTD
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

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



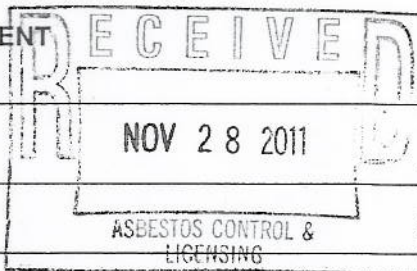
<u>Date of Notification (1)</u> 11/10/2011			<u>Name of Building Owner/Operator (2)</u> Hercules		
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Notification Amendment # _____ () Emergency (including justification) () Cancellation		<u>Street Address</u> 500 Hercules Road <u>City, State, Zip Code</u> Wilmington, DE, 19808	
		<u>Name of Contact</u> Joe Keller		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Hercules Former Facility			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 145 oakdale road			<u>Sq. Feet</u> 6000 <u># of Floors</u> 3		
<u>City (5)</u> CHESTER	<u>County (6)</u> MORRIS	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 30+ <u>Current Use (prior if being demolished)</u> RESIDENCES		
<u>Name of Monitoring Firm</u> EHS INC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Alliance Environmental Systems		
<u>Street Address</u> 9 MAIN STREET			<u>Street Address</u> 550 East Union Street		
<u>City, State, Zip Code</u> MULLICA HILL, NJ			<u>City, State, Zip Code</u> West Chester, PA 19382		
<u>Project Manager for Monitoring Firm</u> JACK CARNEY		<u>Telephone Number</u> 8562230080	<u>Telephone Number</u> 610-701-9000		<u>License Number</u> 00508
<u>Scheduled Start Date (10)</u> 11/28/2011		<u>Scheduled Completion Date (11)</u> 1/27/2012		<u>Name of OSHA Monitor</u> EHS, INC	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - _____			<u>Street Address</u> 9 MAIN STREET <u>City, State, Zip Code</u> MULLICA HILL, NJ		
<u>Source of Work (Check all that apply)</u> () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
ROOF		Roofing	57185sf	X	
1 ST FLOOR		Vat & mastic	39855sf	X	
1 ST FLOOR		TRANSITE	60SF	X	
		WINDOW CAULK	8lf	X	
		Duct tar paper	845SF	X	
1 ST FLOOR		JUMPER WIRE	600LF	X	
		PIPE INSULATION	1435LF	X	
		SEAM TAR	40LF	X	
<u>Name of Reg. Waste Hauler</u> N.E.T.S. / Miners		<u>NJDEP Waste Hauler ID #</u> 17235	<u>Cubic Yards of Waste</u> Approx. 100		<u>Name of Reg. Landfill</u> BFI Imperial
<u>City, State</u> Hazleton, PA			<u>Disp. Date</u> TBD	<u>City, State</u> Imperial, PA	
<u>Completed by (Print or Type)</u> DEVIN BLOM	<u>Title</u> Estimator	<u>Signature</u> 		<u>Date</u> 11/10/2011	

Mail to: NJDEP-DSHW-BRTRP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

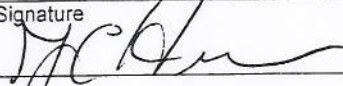
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9/18/00

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

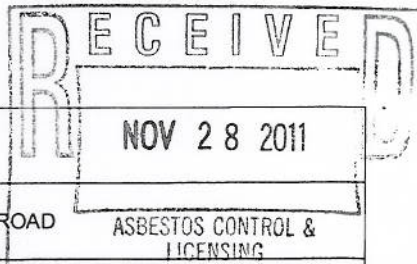


Date of Notification (1) 11 / 22 / 11		Name of Building Owner/Operator (2) Englewood Cadillac							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 374 Sylvan Avenue							
		City, State, Zip Code Englewood, NJ 07632							
		Name of Contact Fran Baylis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Englewood Cadillac		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 374 Sylvan Avenue									
City (5) Englewood, NJ 07632		Square Feet 20000	# of Floors 2						
		Bldg. Age 50							
County (6) Bergen		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Road		Street Address 550 East Union Street							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 129382							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238	Telephone No. 610-701-9000						
		License No. 00508							
Start Date (10) 12 / 06 / 11	Scheduled Completion Date (11) 12 / 31 / 11		Name of OSHA Monitor AET						
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: 7:00AM-3:30PM / ____PM-____AM		Street Address 28 N. Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	6 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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 50	Name of Registered Landfill BFI Imperial					
City, State Hazleton, PA		Disposal Date TBD		City, State Imperial, PA					
Completed By (Print or Type) Larry Brownell		Title Estimator		Signature <i>Larry Brownell</i>			Date 11/22/11		

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

Date of Notification (1) 11 / 22 / 11		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Company LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 28 2011 ASBESTOS CONTROL & REMEDIATION TELEPHONE NUMBER </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 718 Paterson Plank Road							
		City, State, Zip Code Carlstadt, NJ 07072							
		Name of Contact Joe Spersanski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Transcontinental Gas Pipe Line Company LLC				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 718 Paterson Plank Road				Square Feet 2000	# of Floors 1				
City (5) Carlstadt, NJ 07072				Bldg. Age 60					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Road			Street Address 550 East Union Street						
City, State, Zip Code Media, PA 19063			City, State, Zip Code West Chester, PA 129382						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (800) 969-6238	Telephone No. 610-701-9000	License No. 00508					
Start Date (10) 12 / 7 / 11	Scheduled Completion Date (11) 12 / 7 / 11		Name of OSHA Monitor AET						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-____PM/3:30PM-____AM			Street Address 28 N. Pennell Road						
			City, State, Zip Code Media, PA 19063						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Misc. transite	16 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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947		Cubic Yards of Waste 5	Name of Registered Landfill BFI Imperial				
City, State Hazelton, PA				Disposal Date TBD	City, State Imperial, PA				
Completed By (Print or Type) John Heemer		Title Estimator		Signature 		Date 11/22/11			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 23 NOVEMBER 2011		Name of Building Owner/Operator (2) NUSTAR ASPHALT REFINING, LLC	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address PAULSBORO REFINERY, 4 PARADISE ROAD	
		City, State, Zip Code PAULSBORO, NJ 08066	
		Name of Contact GILBERTO DIAZ	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NUSTAR ASPHALT REFINING, LLC - PAULSBORO		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 4 PARADISE ROAD		Sq. Feet N/A # of Floors N/A	
City (5) PAULSBORO	County (6) GLOUCESTER	County Code (7) (State Use Only)	Bldg. Age ~50 YEARS Current Use (prior if being demolished) TANKS
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) BRANDENBURG INDUSTRIAL SERVICE COMPANY
Street Address N/A		Street Address 2217 SPILLMAN DRIVE	
City, State, Zip Code N/A		City, State, Zip Code BETHLEHEM, PA 18015	
Project Manager for Monitoring Firm N/A	Telephone Number N/A	Telephone Number (610) 691-1800	License Number 00721
Scheduled Start Date (10) 5 DECEMBER 2011	Scheduled Completion Date (11) 23 DECEMBER 2011	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - () Describe - DEMOLITION OF ABANDONED TANKS AND PIPING () Other - Describe - WORK HOURS, MON-FRI, 07:00 - 15:30		Street Address N/A	
		City, State, Zip Code N/A	
Source of Work (Check all that apply) (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Abatement Type			
Rem. Rep. Encap. Enclose			
NONE			
Name of Reg. Waste Hauler N/A	NJDEP Waste Hauler ID # N/A	Cubic Yards of Waste N/A	Name of Reg. Landfill N/A
City, State N/A	Disp. Date N/A	City, State N/A	
Completed by (Print or Type) Jennifer Strobel	Title Contract Administrator	Signature 	Date 23 NOVEMBER 2011

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

D&S Proj. #: MS 11-473

REMEMBER - MAIL IN HARD COPY

DOL - 10 DAY

Date of Notification (1)

11/1/12 2/1/11

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☐ Amended

Amendment #:

☒ Emergency
(including
justification)☐ Cancellation

Name of Building Owner/Operator (2)

SCHNEIDER RESIDENCE

Street Address

149 PARKER AVENUE

City, State, Zip Code

MAPLEWOOD, NJ 07040

Name of Contact

SCHNEIDER RESIDENCE

ASBESTOS CONTROL &
LICENSING

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

SCHNEIDER RESIDENCE

Street Address

149 PARKER AVENUE

City (5)

MAPLEWOOD

County (6)

ESSEX

County Code (7)
(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter B (Other than K - 12)☒ Other (Private/Commercial
Bldgs/Homes etc.)

Square Feet

of Floors

Bldg Age

Current Use (Prior if being demolished)

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

ASCM No

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

00159

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

11/28/11

Sched. Completion Date (11)

12/09/11

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours.

Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥180 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation 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)Amount
(Specify SF or
LF)R
e
m
o
v
e
R
e
p
a
i
r
E
n
c
a
p
s
u
l
e

BASEMENT

BASEMENT BOILER

PIPE INSULATION

BOILER INSULATION

26 L FT

40 SQ FT

☒ ☐ ☐ ☐☒ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐

Registered Waste Hauler

D & S RESTORATION, INC.

NJDEP Hauler ID#
13506Cubic Yards of Waste
1 YD

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

11/29/11

City, State

TULLYTOWN, PA

Completed by (Print or Type)

ROGDAN JOLDZIC

Title

PRESIDENT

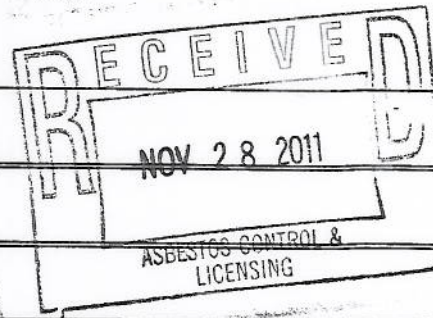
Signature

Date

11/22/11

D&S Proj. #: MS 11-473

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



Date of Notification (1) 11/12/11		Name of Building Owner/Operator (2) SCHNEIDER RESIDENCE	
Agencies Notified	Type Notification	Street Address 149 PARKER AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MAPLEWOOD, NJ 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact SCHNEIDER RESIDENCE	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) SCHNEIDER 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 149 PARKER AVENUE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 11/28/11		Sched. Completion Date (11) 12/09/11	License Number 00159	
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> >160 sf or >260 lf				<input checked="" type="checkbox"/> Glovebag procedure			
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	26 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	40 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

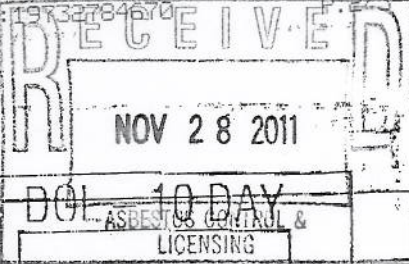
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/29/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/22/11

State of NJ

Notification of Asbestos Abatement
(Pursuant to NJAC 8.60 and 12.120)

D&S Proj #: MS 11-472

REMEMBER - MAIL IN HARD COPY



Date of Notification (1) 11/1/12 12/1/11		Name of Building Owner/Operator (2) J. RUGANI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 435 SO. BROAD STREET City, State, Zip Code ELIZABETH, NJ 07201	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #. <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Name of Contact J. RUGANI	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) J. RUGANI Street Address 435 SO. BROAD STREET City (5) ELIZABETH			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 9 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc.)		
County (6) UNION		County Code (7) (State use only)		Square Feet # of Floors Bldg Age	
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
License Number 00159		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503			
Start Date (10) 11/28/11		Sched. Completion Date (11) 12/09/11			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >200 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
---	--	--	--	---	--	---	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o p e	E n c l o p e
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	14 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/29/11		City, State TULLYTOWN, PA			
Completed by (Print or Type) ROGDAN JOLDZIC		Title PRESIDENT		Signature		Date 11/22/11	

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

Date of Notification (1) 11/12/11		Name of Building Owner/Operator (2) J. RUGANI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 435 SO. BROAD STREET		City, State, Zip Code ELIZABETH, NJ 07201	
Name of Contact J. RUGANI		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) J. RUGANI			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 435 SO. BROAD STREET			Square Feet		
City (5) ELIZABETH			County (6) UNION		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 00159
Start Date (10) 11/28/11			Sched. Completion Date (11) 12/09/11		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Street Address 20 California Avenue		
Is location normally used solely by maintenance/custodial staff (12) Yes No N/A			City, State, Zip Code Paterson, NJ 07503		

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	14 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/29/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/22/11

D&S Proj. #: MS 11-471

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

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Horner
(signature)
Date: 11/21/11 Time: 7:51 AM

Date of Notification (1) 11/1/21/11		Name of Building Owner/Operator (2) FRANK MURPHY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 104 HAWTHORNE AVENUE		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact FRANK MURPHY		ASBESTOS CONTROL LICENSE # Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANK MURPHY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 104 HAWTHORNE AVENUE			Square Feet # of Floors Bldg. Age		
City (5) GLEN RIDGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 11/22/11		Sched. Completion Date (11) 11/23/11	License Number 00159		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		
			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	130 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

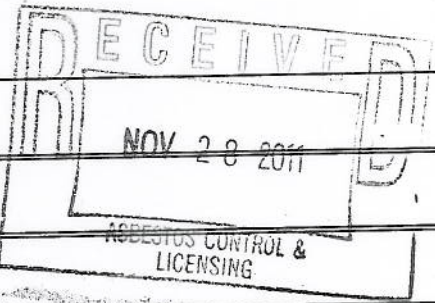
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/23/11	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/21/11

ASB-41

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

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

D&S Proj. #: MS 11-471



Date of Notification (1) <u>11/11/11</u>		Name of Building Owner/Operator (2) <u>FRANK MURPHY</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>104 HAWTHORNE AVENUE</u>		City, State, Zip Code <u>GLEN RIDGE, NJ 07028</u>	
Name of Contact <u>FRANK MURPHY</u>		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>FRANK MURPHY</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>104 HAWTHORNE AVENUE</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>GLEN RIDGE</u>	County (6) <u>ESSEX</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		

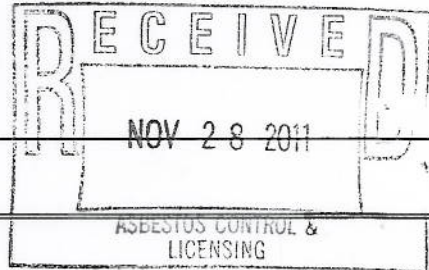
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>	
Street Address _____		Street Address <u>20 California Ave.</u>		
City, State, Zip Code _____		City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number <u>973-345-8020</u>	License Number <u>00159</u>
Start Date (10) <u>11/22/11</u>	Sched. Completion Date (11) <u>11/23/11</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
---	--	---	--	---	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	130 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 YDS</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>11/23/11</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature _____	Date <u>11/21/11</u>

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



Date of Notification (1) 11/12/11		Name of Building Owner/Operator (2) THE ESTATE OF WALTER L. HARVEY	
Agencies Notified	Type Notification	Street Address 1107 GOWDY AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code POINT PLEASANT, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact JIM DALLAS	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

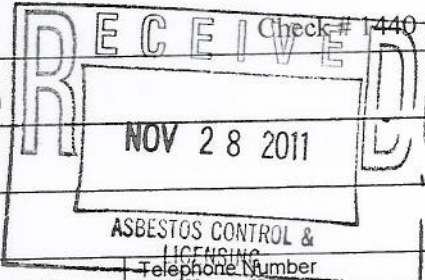
FACILITY INFORMATION

Name of facility where abatement is taking place (3) THE ESTATE OF WALTER L. HARVEY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1107 GOWDY AVENUE			Square Feet # of Floors Bldg. Age		
City (5) POINT PLEASANT	County (6) OCEAN	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 12/05/11		Sched. Completion Date (11) 12/16/11	License Number 00159		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	82 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	26 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 12/06/11		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			Date 11/22/11		

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

Page 1 of 1



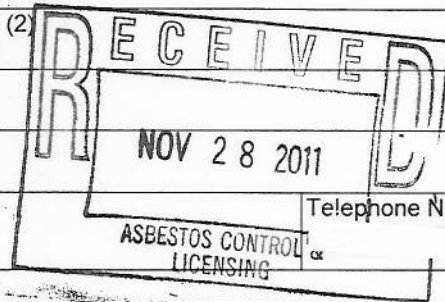
Date of Notification (1) 11/22/2011		Name of Building Owner/Operator (2) East Orange Board Of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 715 Park Ave						
		City, State, Zip Code East Orange, NJ 07017-1026						
		Name of Contact Dario Lambkin						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Ecole Troussaint Louverture School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 330 Central Ave		Square Feet 60,000	# of Floors 3					
City (5) East Orange		Bldg. Age 100+						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc					
Street Address 1253 North Church St		Street Address 140 Hamburg Tpke						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403						
Project Manager for Monitoring Firm Mary Ellen Leotta		Telephone No. 856-840-8800	Telephone No. (201)710-9725					
License No. 01084		Name of OSHA Monitor GL Group, Inc						
Start Date (10) 12/05/2011	Scheduled Completion Date (11) 12/23/2011	Street Address 140 Hamburg Tpke						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work Performed 03:30 PM to 11:30 PM Mon-Sat</u>		City, State, Zip Code Bloomingdale, NJ 07403						
Scope of Work (Check All That Apply) <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 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 6,400 SF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
Auditorium 3rd Floor	X		O&M Porous Materials					
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill				
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Newburg, Pa				
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 11/22/2011			

* 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 and 12:120)

Job #:1108-1585
Check #:NA

Date of Notification (1) 10/17/11		Name of Building Owner / Operator (2) Mountainside Hospital	
Agencies Notified	Type Notification	Street Address 1 Bay Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended #2 ON HOLD	Name of Contact Mr. Barry Mousa	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



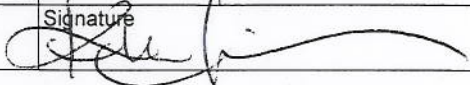
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mountainside Hospital		Type of Facility (4)	
Street Address 1 Bay Avenue		<input type="checkbox"/> School (K-12)	
City (5) Montclair		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Essex	County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
		Square Feet 963,743	# of Floors 6
		Bldg. Age 1914	
		2000 (last addition)	
Current Use (Prior if being demolished) Hospital			

Name of Monitoring Firm Hired by Hillman Environmental Group	ON HOLD		Corp.
Street Address 1600 Route 22 East	3859 Sylon Blvd.		
City, State & Zip Code Union, NJ 07083	City, State & Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Kristen Sleys	Telephone Number 908-688-7800	Telephone Number 609-702-0400	License Number 00862

Scheduled Start Date (10) 10/28/11	Scheduled Completion Date (11) 7/29/12	Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one)		Street Address 107 Haddon Ave.
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code Westmont, NJ 08108
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours		
<input checked="" type="checkbox"/> Describe: PHASE WORK-Will put on hold between Phases. Weekend work will be performed & some 2 nd shift work will be performed. The first day will start @ 6:00 pm (10/28/11)		
<input checked="" type="checkbox"/> Isolated Area		

Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf (Per Phase)	<input checked="" type="checkbox"/> Renovation		
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ph#1-Ground Floor Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	3 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Blood Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor S. Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#2-Ground Floor Core Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#3-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#4-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#5-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#6-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#6-Ground Floor Histology Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#7-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#7-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#8-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Putty on Heating Coil	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ph#8-Ground Floor Various Locations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	13 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No. 22612	Cubic Yards of Waste 80	Name of Registered Landfill GROWS
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Kim Trumbetti	Title Admin.	Signature 	Date 11/1/11



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

Job #: 1107-1568

Check #: NA

Date of Notification (1) 7/5/11		Name of Building Owner / Operator (2) Sunnyside at Howell, LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 28 2011 </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #3 OFF HOLD <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address 111 Magee Avenue City, State & Zip Code Lavallette, NJ 08735 Name of Contact Mr. Shane Soranno	
Name of Facility Where Abatement is Taking Place (3) Vacant Buildings						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Route 9 & Sunnyside Road						Current Use (Prior if being demolished) Vacant Buildings	
City (5) Howell		County (6) Monmouth		County Code (7) 			
Name of Monitoring Firm Hired by Building Owner (8) The Whitman Companies, Inc.		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.			
Street Address 116 Tices Lane, Unit B-1		City, State & Zip Code East Brunswick, NJ 08816		Street Address 3859 Sylon Blvd. City, State & Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858		License Number 00862			
Scheduled Start Date (10) 7/18/11		Scheduled Completion Date (11) 11/3/11		Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Will be working Saturday 7/30/11 <input checked="" type="checkbox"/> Isolated Area				Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108			
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 ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)			
		Yes No N/A		Amount (Specify SF or LF)			
Building #1		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Transite Siding 2,400 SF			
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Linoleum & Mastic 600 SF			
Building #2		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Pipe Insulation w/ associated elbows/joints 220 LF			
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Transite Siding & Vapor Barrier 2,000 SF			
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Linoleum & Mastic 50 SF			
Building #5		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Transite Siding & Vapor Barrier 900SF			
Building #6		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Roofing Materials 7,500 SF			
Building #CP 1		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Roofing Materials 4,500 SF			
Building #CP 2		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Transite Siding & Vapor Barrier 5,000 SF			
Building #CP 3		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Roofing Materials 7,500 SF			
Building #G		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Roofing Materials 1,600 SF			
Building #M		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Transite Siding & Vapor Barriers 3,200 SF			
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Linoleum & Mastic 450 SF			
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor Tile & Mastic 800SF			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 22612		Cubic Yards of Waste 20			
City, State Trenton, NJ		Disposal Date 8/10/11		Name of Registered Landfill GROWS			
Completed By (Print or Type) Kim Trumbetti		Title Admin.		Date 11/2/11			

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

Date of Notification (1) November 23, 2011		Name of Building Owner/Operator (2) Lacey Business Park	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; margin-top: 5px;">NOV 28 2011</div>
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	704-1 Old Shore Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Forked River, NJ 08731	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Frank Maugeri	

FACILITY INFORMATION

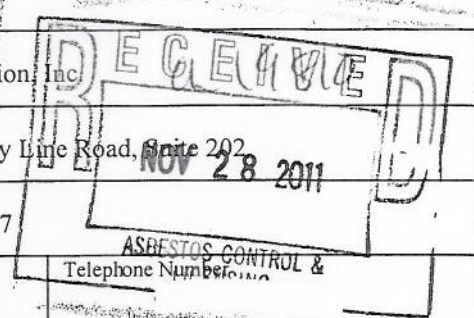
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 1012 A North Lon Beach Blvd.			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City North Beach			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Ocean		
County Code (7) (STATE USE ONLY)		Square feet 2000 sf	# of Floors 2	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/23/11		Scheduled Completion Date (11) 11/23/11	Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
			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		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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			
						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
Exterior		X		Asbestos transite panels	500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/28/11	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/23/2011

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

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



Date of Notification (1) November 23, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc.	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	2290 West County Line Road, Suite 202	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Jackson, NJ 08527	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	David Kiessling	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Pine Cottage			Type of Facility (4)		
Street Address 130 Route 72			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (other than K12)		
City New Lisbon			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Burlington	County Code (7) (STATE USE ONLY)	Square feet 6000 sf	# of Floors 1	Bldg. Age 50	
Current Use (Prior if being demolished) Cottages					
Name of Monitoring Firm Hired by Building Owner (8) Whitman			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 116 Tices Lane, Unit B1			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number 732-390-5858	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/07/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Encapsulation <input 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) <u>TO BE ABATED</u> 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			
						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
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 01/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/23/2011

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

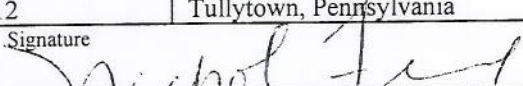
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 23, 2011		Name of Building Owner/Operator (2) Trinity Construction, Inc.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 2290 West County Line Road, Suite 202	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact David Kiessling	Telephone Number ASBESTOS CO

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) New Lisbon Development Center-Holly Cottage			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 130 Route 72			Square feet 6000 sf		
City New Lisbon	County (6) Burlington	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8) Whitman			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 116 Tices Lane, Unit B1			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number 732-390-5858	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 12/07/11		Scheduled Completion Date (11) 12/30/11		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [x] Encapsulation [] 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			
	R	R	E			E			
Attic		X		Asbestos elbows & joints	110 lf			X	

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 01/04/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/23/2011

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