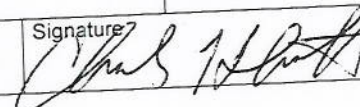
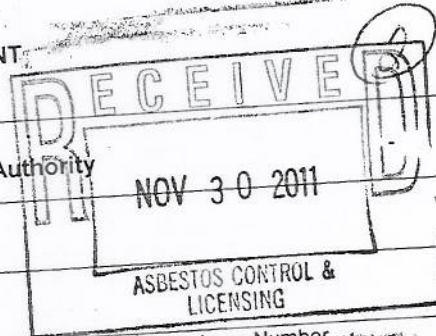


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

NO check

Date of Notification (1) 11 / 23 / 11		Name of Building Owner/Operator (2) Camden County Improvement Authority		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 30 2011 ASBESTOS CONTROL & LICENSING Telephone Number </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1909 Route 70 East, Suite 300 Cherry Hill, NJ 08003 Name of Contact Jim Lex							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former W.T. Grants Complex			Type of Facility (4)						
Street Address 130-230 White Horse Pike			<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) Clementon, NJ			Square Feet 100,000	# of Floors 1	Bldg. Age 40+				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Resolutions, Inc.		ASCM No.	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 525 Fellowship Road		Street Address 500 East Luzerne Street							
City, State, Zip Code Mount Laurel, NJ 08054		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Rick Lake		Telephone No. 856-235-7170	Telephone No. 215-739-8166	License No. 00646					
Start Date (10) 11 / 29 / 11	Scheduled Completion Date (11) 01 / 15 / 12		Name of OSHA Monitor SAME AS ABOVE						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / PM- AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	Enclose
Bldg. #1, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glue Dots	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Parapot Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Black & Grey Roofing Membrane	13,000 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"/>
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. A901#20990		Cubic Yards of Waste n/a	Name of Registered Landfill Minerva				
City, State New Castle, DE 19720-		Disposal Date		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles Imbimbo		Title Project Manager		Signature 		Date 11/25/11			

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



No check

Date of Notification (1)
11 / 23 / 11

Name of Building Owner/Operator (2)
Camden County Improvement Authority

Street Address
1909 Route 70 East, Suite 300

City, State, Zip Code
Cherry Hill, NJ 08003

Name of Contact
Jim Lex

Agencies Notified
☒ EPA
☒ DEP
☒ DCA (NJAC 5:16)
☒ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended
 Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former W.T. Grants Complex

Street Address
130-230 White Horse Pike

City (5)
Clementon, NJ

County (6)
Camden

County Code (7)(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
100,000

of Floors
1

Bldg. Age
40+

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Environmental Resolutions, Inc.

ASCM No.

Name of Abatement Contractor (9)
Diamond Huntbach Construction Corporation

Street Address
500 East Luzerne Street

City, State, Zip Code
Philadelphia, PA 19124

Project Manager for Monitoring Firm
Rick Lake

Telephone No.
856-235-7170

Telephone No.
215-739-8166

License No.
00646

Start Date (10)
11 / 29 / 11

Scheduled Completion Date (11)
01 / 15 / 12

Name of OSHA Monitor
SAME AS ABOVE

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-4PM / PM - AM

Street Address

City, State, Zip Code

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) <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
1 st Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	66,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	19,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile mastic	75,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor, Sales Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe joint fitting insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.
A901#20990

Cubic Yards of Waste
n/a

Disposal Date

Name of Registered Landfill
Minerva

City, State
Waynesburg, OH 44688

City, State
New Castle, DE 19720

Completed By (Print or Type)
Charles Imbimbo

Title
Project Manager

Signature
[Signature]

Date
11/25/11

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

Check #

1786

Date of Notification (1) 11/23/11		Name of Building Owner/Operator (2) MR MIKE BRADY		<div style="border: 1px solid black; padding: 5px;"> RECEIVED APPROVED 2011 Dept. of Health & Senior Services <i>Paul C. Jones</i> Date: 11/23/11 (Signature) CONTROLLING (Initials) CEASING </div>			
Agencies Notified		Type Notification		Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEF <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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		136 UNADILLA RD			
				City, State, Zip Code RIDGEWOOD NJ 07450			
		Name of Contact MIKE BRADY		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) BRADY			Type of Facility (4)				
Street Address 136 UNADILLA RD			<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) RIDGEWOOD			Square Feet 1800	# of Floors 2	Bldg. Age 56		
County (6) BERGEN			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RAW		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.		
Street Address			Street Address 105 Lowell Road				
City, State, Zip Code			City, State, Zip Code Glen Rock, NJ 07452				
Project Manager for Monitoring Firm			Telephone No. 201-262-5841		License No. 00156 A		
Start Date (10) 11/25/11		Scheduled Completion Date (11) 11/25/11		Name of OSHA Monitor Omega Environmental Services Inc.			
Occupancy Status During Abatement (Check Only One)				Street Address 280 Huyler Street			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Hackensack, NJ 07606			
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fragile Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
1st Floor		VAT + MASTIC	640 SF	<input checked="" type="checkbox"/>			
Basement		VAT + MASTIC	150 SF	<input checked="" type="checkbox"/>			
1st Floor		DUCT INSULATION	16 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler DJM Transport Inc		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste 2	Name of Registered Landfill Cumberland County Landfill			
City, State Keamy, New Jersey		Disposal Date 11/25/11		City, State Newburg, PA 17242			
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>		Date 11/23/11		

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

26-11

09897

Date of Notification (1)		Name of Building Owner/Operator (2)	
26-11		VITO SAGGESS	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		3 SOUTH GATE ST	
Type Notification		City, State, Zip Code	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation		SPRINGFIELD N.J.	
		Name of Contact	Telephone Number
		VITO SAGGESS	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
PRIVATE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
46 PARK AV			2400	2	10
City (5)	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
SUMMIT	UNION		Residence		
Name of Monitoring Firm hired by Building Owner (8)			Name of Abatement Contractor (9)		
N/A			AZTECH MANAGEMENT, Inc.		
Street Address			Street Address		
			86 Christopher St.		
City, State, Zip Code			City, State, Zip Code		
			Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number	License Number	
			N/A	(973) 744-8800 00371	
Scheduled Start Date (10)			Sched. Completion Date (11)		
12 5 2011			12 6 2011		
Month Day Year			Month Day Year		
Occupancy Status During Abatement (Check only one)					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					
Name of OSHA Monitor					
N/A					
Street Address					
City, State, Zip Code					

Scope of Work (Check all that apply)

☒ >3 sf or <3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

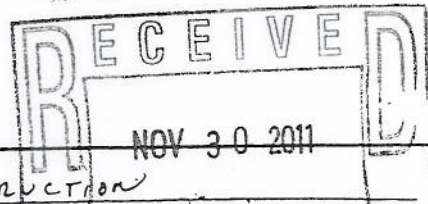
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

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 N C L O S U R E
BASEMENT			X	PIPE INSULATION	130	X			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
AZTECH MANAGEMENT, INC.		17040	1.3	G.R.O.W.S.	
City, State		Disposal Date	City, State		
Montclair, NJ 07042		12-7-2011	Morrisville, PA 19067		
Completed By (Print or Type)		Title	Signature		Date
Constantine Vivian		President	Constantine Vivian		11-26-11

CHECK #
2134

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



Date of Notification (1) <u>11/28/11</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 <u>300 77TH ST.</u>	ASBESTOS CONTROL & LICENSING					
City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>		Name of Contact <u>FRANK EDUARDI</u>						
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>33 W. 10TH ST.</u>		Square Feet # of Floors Bldg. Age						
City (5) <u>OCEAN CITY</u>		Current Use (Prior to being demolished) <u>VACANT</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>12/11/11</u>	Scheduled Completion Date (11) <u>12/18/11</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
<u>SIDING</u>			<u>X</u>	<u>3000 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/28/11</u>					

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

Date of Notification (1) November / 28 / 2011		Name of Building Owner/Operator (2) Temple Lutheran Church Check # 4141							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5714 Irving Drive City, State, Zip Code Pennsauken, NJ 08109 Name of Contact Matt McDevitt							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Temple Lutheran Church		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 5600 North Route 130		Square Feet 25000	# of Floors 2						
City (5) Pennsauken		Bldg. Age 75							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, U.S., Inc		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 35 Columbia Road		Street Address 47 S. Lippincott Ave.							
City, State, Zip Code Branchburg, NJ 08876		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm David F. Hilinski		Telephone No. 908-526-1000	License No. 00842						
Start Date (10) November / 16 / 2011	Scheduled Completion Date (11) December / 10 / 2011		Name of OSHA Monitor EMSL						
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 107 Haddon Ave City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Community Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	2100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narthex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Piping	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Jack Robinson Waste		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Bellmawr, NJ		Disposal Date		City, State Tullytown, PA					
Completed By (Print or Type) William Lynch	Title Vice President		Signature <i>William Lynch</i>			Date Nov. 28, 2011			

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

No check sent

Date of Notification (1) November / 07 / 2011		Name of Building Owner/Operator (2) Temple Lutheran Church Check # 4116							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5714 Irving Drive City, State, Zip Code Pennsauken, NJ 08109 Name of Contact Matt McDevitt Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Temple Lutheran Church		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 5600 North Route 130		Square Feet 25000	# of Floors 2						
City (5) Pennsauken		Bldg. Age 75							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS, U.S., Inc		ASCM No.							
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Branchburg, NJ 08876		Street Address 47 S. Lippincott Ave.							
Project Manager for Monitoring Firm Daivd F. Hilinski		Telephone No. 908-526-1000	License No. 00842						
Start Date (10) November / 16 / 2011		Scheduled Completion Date (11) December / 10 / 2011							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL							
Street Address 107 Haddon Ave		City, State, Zip Code Westmont, New Jersey 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Community Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	2100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narthex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustical Ceiling Plaster	110 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"/>
Name of Registered Waste Hauler Jack Robinson Waste		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Bellmawr, NJ		Disposal Date		City, State Tullytown, PA					
Completed By (Print or Type) William Lynch		Title Vice President		Signature <i>William J. Lynch</i>				Date Nov. 7, 2011	

Fax: 609.633.0664

Nov 25 2011 04:33pm, P002/002

DOL - 10 DAY

Check 11/25/2011

Date of Notification

11/25/2011

WAIVER APPROVED

☐ EPA☐ DEP☐ DOL☐ DOH☐ DCA☐ Initial☐ Amended☐ Amendment #☐ Emergency (including☐ justification)☐ Cancellation

REMEMBER - MAIL IN HARD COPY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:170)

Name of Building Owner/Operator (2)

Michael Montemurro

Street Address

94 Washington Street

City, State, Zip Code

Berkeley Heights, NJ 07922

Name of Contact

Michael Montemurro

11/25/11
Approved
Emergency Notification

NOV 30 2011

ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Private home

Street Address

94 Washington Street

City (5)

Berkeley Heights, NJ 07922

County (6)

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Child Daycare (Other than K-12)☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Union

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

11/26/2011

Scheduled Completion Date (11)

11/27/2011

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

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

Street Address

20-21 Wagarow Road, Bldg #34A

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ > 5 sf or > 3 ft☐ < 100 sf or < 300 ft☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Min-Enclosure☐ Glovebag Procedure☐ Non-Excluded (*) and Non-Filable Procedures

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, liming/VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Enclosure	Exhaust
Basement		X		Round 6" duct paper insulation	65 LF	X		

Name of Registered Waste Hauler

Gr Tech LLC

City State

Wayne, NJ 07470

Completed by

N Javie

ASB-41

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

Disposal Date

Signature

Date

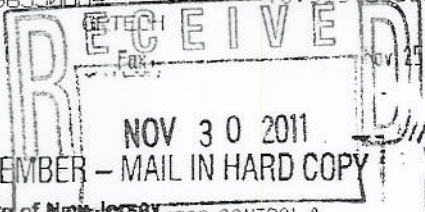
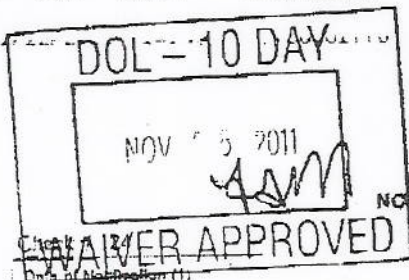
Name of Registered Landfill

T.R.P. Inc

City, State

Tullytown, PA

Do not use this form for asbestos identification, asbestos abatement



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 17:27)

Emergency Notification

Name of Building Owner/Operator (2)
Diane Rollins
Street Address
1812 Mildred Avenue
City, State, Zip Code
Linden, NJ 07036
Name of Contact
Diane Rollins
Telephone Number

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

Agency Notified
☒ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Name of Facility Where Abatement is Taking Place (3)
Private home
Street Address
1812 Mildred Avenue
City (3)
Linden, NJ 07036
County (6)
LINDEN

Type of Facility (4)
☐ School (K-12)
☐ Substation A (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)
Square Foot
of Floors
Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior to being demolished)

Union

Name of Monitoring Firm Hired by Building Owner(s)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
Telephone No
973-638-1777
License No
01127

Name of Abatement Contractor (8)
Gr Tech LLC
Street Address
576 Valley Rd #283
City, State, Zip Code
Wayne, NJ 07470
Telephone No
973-638-1777
License No
01127

Project Manager for Monitoring Firm
Telephone No

Start Date (10)
11/26/2011
Scheduled Completion Date (11)
11/27/2011

Name of OSHA Monitor
Envirovision Consultants, Inc
Street Address
20-21 Wagaraw Road, Bldg # 34A
City, State, Zip Code
Pair Lawn, NJ 07410

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

Scope of Work (Check all that apply)
☒ 103 sf or less
☐ 2100 sf or more
☐ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Enclosed ("") and Non-Pressure Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Primarily Used Solely by Maintenance/Custodial Staff? (13)			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	Encapsulation	Enclosure
Basement			X	Pipe Insulation	35 LF	X		

Name of Registered Waste Hauler
Gr Tech LLC
City, State
Wayne, NJ 07470
Completed by
N. Iovine
ASA #

NJ DEP Waste Hauler ID No
0033785

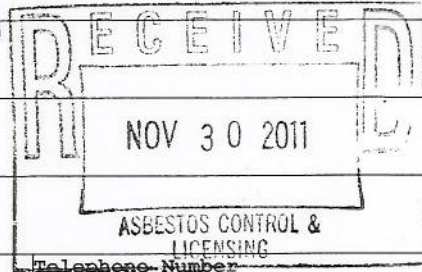
Quota Yards of Waste
T.R.R.F. Inc
City, State
Tullytown, PA

Name of Registered Landfill
Tullytown, PA

Signature
Paula Roman
Date
11/25/2011

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

Date of Notification (1) 11/21/11		Name of Building Owner/Operator (2) Laura Wolfe	
Agencies Notified	Type Notification	Street Address 37 Highland Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bloomfield, NJ 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Laura Wolfe	
<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) Private			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 37 Highland Road			Square Feet 1700		
City (5) Bloomfield			# of Floors 2		
County (6) Essex			Bldg. Age 72		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. 67	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 12/1/11 Month Day Year		Sched. Completion Date (11) 12/2/11 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

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-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	140 lf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12/5/11	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 11/21/11		

RECEIVED
NOV 30 2011
ASBESTOS CONTROL &
LICENSING

Signature 