

RECEIVED
2012 OCT -4 AM 6:59

ASBESTOS CONTROL & LICENSING

ch

Date of Notification (1)
09 / 06 / 12

Name of Building Owner/Operator (2)
U.S Army Engineer District

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

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

Street Address
600 Dr. Martin Luther King Pl. (P.O. Box 59)

City, State, Zip Code
Louisville, KY 40202

Name of Contact
Patrick J. Duggins

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
FFR - Caven Point USARC

Street Address
Corner Caven Point Rd & Chapel Ave.

City (5)
Jersey City, NJ

County (6)
Hudson

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
60,000

of Floors
2

Bldg. Age
1954

Current Use (Prior if being demolished)
Vacant

Name of Monitoring Firm Hired by Building Owner (8)
Langan Engineering & Environmental

ASCM No.
00099

Name of Abatement Contractor (9)
SMAC Corp.

Street Address
27 EAST 33RD STREET

City, State, Zip Code
PATERSON NJ 07514

Telephone No.
973-345-4055

License No.
01110

Project Manager for Monitoring Firm
Vijay Patel

Telephone No.
201-398-4544

Name of OSHA Monitor
EMSL ANALYTICAL, INC

Start Date (10)
10 / 01 / 12

Scheduled Completion Date (11)
11 / 30 / 12

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

Street Address
1056 SHELTON AVE

City, State, Zip Code
PISCATAWAY NJ 08854

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

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

NJDEP Waste Hauler ID No.
18590

Cubic Yards of Waste
80 Yards

Name of Registered Landfill
Grows Landfill

City, State
Morrisville, PA

Disposal Date
11/30/2012

City, State
27 E 33rd Street, Paterson, NJ - 07514

Completed By (Print or Type)
Borce Gjorsoski

Title
President

Signature
Borce Gjorsoski

Date
09/19/2012

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

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 40 BESTOS CONTROL & LICENSING

BUILDING 115

1	Throughout, associated with the heating systems		X	Pipe Fitting Insulation	95LF	X		X	X
2	Throughout		X	Floor Tile Mastic	6,000 SF	X		X	X
3	2nd Floor, Stairs (south)		X	Window Caulking	60 LF	X			

BUILDING 115A

1	Raised Cafeteria Corridor (2nd layer)		X	Floor Tile	3,690 SF	X		X	X
2	First Floor Classrooms and Hallway, Policy Academy Office (2nd layer)		X	Floor Tile	3,600SF	X		X	X
3	2nd Floor, Stair "D"		X	Floor Tile	56 SF	X		X	X
4	1st Floor stairs, rear, left		X	Floor Tile	56 SF	X		X	X
5	Raised Cafeteria Corridor (2nd layer)		X	Floor Tile Mastic	3,690 SF	X		X	X
6	First Floor Classrooms and Hallway, Policy Academy Office (2nd layer)		X	Floor Tile Mastic	3,600 SF	X		X	X
7	2nd Floor, open area		X	Floor Tile Mastic	10,800 SF	X		X	X
8	2nd floor offices		X	Floor Tile Mastic	2,100 SF	X		X	X

BUILDING 198

1	Above Offices		X	Pipe Insulation	310 LF	X		X	X
2	Boiler Room		X	Pipe Insulation	5 LF	X		X	X
3	Room 121B		X	Pipe Insulation	10 LF	X		X	X
4	Police Storage (South)		X	Pipe Insulation	2 LF	X		X	X
5	Roof		X	Core Flashing	480 SF	X			
6	Office Area (2nd layer)		X	Floor Tile	1,000 SF	X		X	X
7	Room 121B		X	Transite Panel	140 SF	X			

BUILDING 204

1	Open Area		X	Pipe and Fitting Insulation	550 LF	X		X	X
2	Above the ceiling in the south side corner office/ bathroom space		X	Pipe and Fitting Insulation	50 LF	X		X	X
3	Main Boiler Room		X	Pipe and Fitting Insulation	75 LF	X		X	X
4	Main Boiler Room		X	Breeching Insulation	40 SF	X		X	X
5	Corner Office, Wall		X	Joint Compound	420 SF	X		X	X
6	Arms Boiler Room		X	Vibration Damper Cloth	4 SF	X		X	X
7	Main Roof		X	Core Flashing	500 SF	X			
8	Bathroom Walls		X	Wall Panel	170 SF	X		X	X
9	Throughout		X	Wall Caulking	720 LF	X		X	X

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

RECEIVED

Date of Notification (1) 10/02/2012		Name of Building Owner/Operator (2) 33-35 WILLIAM STREET							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 WILLIAM STREET		City, State, Zip Code NEWARK NJ 07102							
Name of Contact Paul Marchese		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1015 Broad Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 140 Boulevard		Street Address 235 Watchung Ave							
City, State, Zip Code Mt. Lakes NJ 07046		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-769-6946	Telephone No. 973-243-9872						
License No. 01171									
Start Date (10) 10/11/2012	Scheduled Completion Date (11) 10/24/2012	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: building operating during business hours		Street Address 110 Colin Drive							
		City, State, Zip Code Holbrook NY 11741							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1st Floor North Room		x		Wall Plaster	100sf	x			
1st Floor North Room		x		floor tile and mastic	2,000sf	x			
1st Floor South Room		x		floor tile	2,000sf	x			
1st Floor Throughout		x		mastic	400sf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ		Disposal Date		City, State Morrisville PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Kielczewski</i>		Date 10/02/2012			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/02/2012 /CONTINUATION SHEET/ #2		Name of Building Owner/Operator (2) 33-35 WILLIAM STREET							
Agencies Notified	Type Notification	Street Address 33 WILLIAM STREET							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEWARK NJ 07102							
		Name of Contact Paul Marchese	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1015 Broad Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Kielczewski Corporation						
Street Address 140 Boulevard		Street Address 235 Watchung Ave							
City, State, Zip Code Mt. Lakes NJ 07046		City, State, Zip Code West Orange NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-769-6946	Telephone No. 973-243-9872						
License No. 01171									
Start Date (10) 10/11/2012	Scheduled Completion Date (11) 10/24/2012	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: building operating during business hours		Street Address 110 Colin Drive							
		City, State, Zip Code Holbrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
2nd Floor South Room		x		floor tile and mastic	800sf	x			
2nd Floor North West & North Room		x		plaster ceiling	800sf	x			
2nd Floor South Room		x		plaster ceiling	800sf	x			
2nd Floor Bathroom		x		pipe wrapping, insulation	65lf	x			
Name of Registered Waste Hauler Circle Rubbish		NJDEP Waste Hauler ID No. 18816		Cubic Yards of Waste	Name of Registered Landfill Tullytown Resource Facility				
City, State Linden NJ		Disposal Date		City, State Morisville PA					
Completed by Slawomir Kielczewski		Title President		Signature <i>Kielczewski</i>		Date 10/02/2012			

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

RECEIVED # 2351

Date of Notification (1) 10/1/2012		Name of Building Owner / Operator (2) Hess Corporation	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address One Hess Plaza	
		City, State & Zip Code Woodbridge, NJ 07095	
		Name of Contact John Philbin	
		Telephone Number	

2012 OCT -4 AM 7:02

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hess Corporation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Smith Street & Convery Boulevard			Square Feet	# of Floors	Bldg. Age
City (5) Perth Amboy	County (6) Middlesex	County Code (7)	Current Use (Prior if being demolished) Boiler Room		
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 28 N. Pennell Road			Street Address 1123 Beaver Street		
City, State & Zip Code Media, PA 19063			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 800-969-6AET	Telephone Number (215)788-6040		License Number 00509
Scheduled Start Date (10) 10/11/2012		Scheduled Completion Date (11) 11/16/2012		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement: 8:30 AM – 3:30 PM			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	141 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows	2 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite ceiling	2,245 SF	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8	Name of Registered Landfill GROWS LANDFILL	
City, State New Castle, Delaware		Disposal Date 11/16/12	City, State MORRISVILLE, PA		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jh</i>		Date 10/1/12

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

Check # 7991
RECEIVED

Date of Notification (1) <u>10/1/12</u>		Name of Building Owner/Operator (2) <u>KLAZINA C. DEVOOCT</u>							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>172 TAPPAN AVE</u> City, State, Zip Code <u>BELLEVILLE, NJ 07109</u>							
		Name of Contact <u>JOHN</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>DEVOOCT</u>		Type of Facility (4)							
Street Address <u>172 TAPPAN AVE.</u>		<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) <u>BELLEVILLE</u>		Square Feet <u>200</u>	# of Floors <u>2</u>						
County (6) <u>ESSEX</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>56</u>						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <u>RES</u>							
ASCM No.		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
Street Address		Street Address <u>105 Lowell Road</u>							
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>						
Start Date (10) <u>10/10/12</u>	Scheduled Completion Date (11) <u>10/11/12</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>							
Occupancy Status During Abatement (Check Only One)		Street Address <u>280 Huyler Street</u>							
<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 <u>Hackensack, NJ 07606</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>BASMENT</u>			<u>X</u>	<u>PIPE</u>	<u>20 LF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>0.5</u>	Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>					
City, State <u>Riverdale, New Jersey 07457</u>		Disposal Date <u>10/10/12</u>		City, State <u>Bethlehem, PA 18015</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>	Signature <u>[Signature]</u>			Date <u>10/1/12</u>			

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

Pg. 1
CR# 2344 RECEIVED
2012 OCT -4 AM 7:37
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">10 / 01 / 12</div>		Name of Building Owner/Operator (2) VERIZON							
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 15 EAST MONTGOMERY PLACE City, State, Zip Code PITTSBURGH, PA 15212							
		Name of Contact ANTHONY PORTA	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VERIZON NEWARK CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 95 WILLIAM STREET		Square Feet	# of Floors						
City (5) NEWARK, NJ		Bldg. Age							
County (6) ESSEX	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) COMMUNICATIONS							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET							
City, State, Zip Code PHILADELPHIA, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK JENKINS	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <div style="text-align: center;">10 / 15 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 2 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT MECHANICAL ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5TH FLOOR ROOM 551	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR ROOM 759	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7TH FLOOR ROOM 764	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION/FITTINGS	100 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. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO	Title ESTIMATOR	Signature <i>Patrick T. DeCaro</i>				Date <i>10/1/12</i>			

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

Pg. 2

CL # 2012049
2012 OCT -4 AM 7:57
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">10 / 01 / 12</div>		Name of Building Owner/Operator (2) VERIZON	
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 15 EAST MONTGOMERY PLACE	
		City, State, Zip Code PITTSBURGH, PA 15212	
		Name of Contact ANTHONY PORTA	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON NEWARK CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 95 WILLIAM STREET		Square Feet # of Floors Bldg. Age	
City (5) NEWARK, NJ		County (6) ESSEX	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 ENTERPRISE AVENUE		Street Address 1123 BEAVER STREET	
City, State, Zip Code PHILADELPHIA, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MARK JENKINS		Telephone No. 215-365-5810	License No. 00509
Start Date (10) <div style="text-align: center;">10 / 15 / 12</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 2 / 12</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:00PM/ _____ PM- _____ AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
8TH FLOOR ROOM 851	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9TH FLOOR ROOM 951	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10TH FLOOR ROOM 1051	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount (Specify SF or LF)		Abatement Type	
80 LF		Removal	Repair Encapsulate Enclosure
80 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
80 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) PATRICK T. DeCARO	Title ESTIMATOR	Signature <i>Patrick T. DeCaro</i>	Date 10/1/12

ASB-41
MAY 11 PD 12085

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

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

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CK#4284
2012 OCT -4 AM 7:33
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10-2-2012		Name of Building Owner/Operator (2) Tower Management							
Agencies Notified	Type Notification	Street Address 680 Kinderkamack Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code River Edge, NJ 07661							
		Name of Contact David							
		Phone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ivy Towers - Boiler Rooms		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 1-5 Howard Drive									
City (5) Bergenfield		Square Feet	# of Floors 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
		License No. 01088							
Start Date (10) 10-11-2012		Scheduled Completion Date (11) 11-15-2012							
Name of OSHA Monitor Jadar Contracting LLC									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 5 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
*PLEASE SEE ATTACHED				*PLEASE SEE ATTACHED					
Name of Registered Waste Hauler Jadar Contracting LLC		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 10-2-2012			



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2012 OCT -4 AM 7:33

ASBESTOS CONTROL
& LICENSING

Jadar Contracting
New Jersey Dept. of Labor Lic# 01088
22 Troy Lane, Lincoln Park, NJ 07035
TEL (973) 706-7950 FAX (973) 706-7951
jadarcontracting@verizon.net

Block 268, Lot 5 - All buildings are located on the same block and lot.

Scope of work:

Boiler Room 1, (20 Howard Drive)
Removal of 250 SF of Boiler Insulation

Boiler Room 2, (89 Liberty Street)
Removal of 250 SF of Boiler Insulation

Boiler Room 3, (78-16 Marsi Lane)
Removal of 300 SF of Boiler Insulation

Boiler Room 4, (87 Howard Drive)
Removal of 400 SF of Boiler and Bridging Insulation

Boiler Room 5, (54-60 Howard Drive)
Removal of 400 SF of Boiler and Bridging Insulation

*All work will be conducted under full containment and negative air procedures.

REMEMBER - MAIL IN HARD COPY

State of NJ

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

B & G Proj. #: 2012-189

EMERGENCY Non Sub 8

Check # 5536

Date of Notification (1)

10/18/11 16/11/12

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOI
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

New Jersey City University

Street Address

251 West Side Avenue

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Darren Spitzkoff

ASBESTOS CONTROL
& LICENSING

DOL - 10 DAY

OCT - 1 2012

WAIVER APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Russey Hall (non sub 8)

Street Address

2039 John F Kennedy Boulevard

City (5)

Jersey City, NJ 07305

County (6)

Hudson

County Code (7)

(State use only)

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

University (non sub 8)

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

McCabe Environmental

Street Address

464 Valley Brook Avenue

City, State, Zip Code

Lyndhurst, NJ 07071

Project Manager for Monitoring Firm

James Ruff

Phone Number

(201) 438-4839

Scheduled Start Date (10)

10/1/2012

Sched. Completion Date (11)

10/5/2012

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: short job 9:30pm

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ >160 sf or >280 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	a	n	n
o	p	c	c
v	i	a	a
e	r	p	p
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEE ATTACHED LIST

Registered Waste Hauler

B & G Restoration, Inc.

City, State

Lincoln Park, NJ 07035

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2 yards

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Tullytown, PA

Disposal Date

10/5/12

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Signature

Gordana Luna

Date

10/1/12

B & G proj. #: 2012-189

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)

EMERGENCY Non-SUBMITTED

Check # 5536

Date of Notification (1) 10/18/12		Name of Building Owner/Operator New Jersey City University		APPROVED NJ Dept. of Health & Senior Services Date: 10/10/12 Time: 1:30 PM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 251 West Side Avenue City, State, Zip Code Jersey City, NJ 07305	
Name of Contact Darren Spitzkoff				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rossey Hall (non sub 8)			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 2039 John F Kennedy Boulevard			Square Feet # of Floors Bldg. Age		
City (5) Jersey City, NJ 07305	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) University (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) McCabe Environmental		ASCM No. 00118	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 464 Valley Brook Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Lyndhurst, NJ 07071			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm James Ruff		Phone Number (201) 438-4839	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 10/1/2012		Sched. Completion Date (11) 10/5/2012			
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: start job 9:30pm					
Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥180 sf or ≥280 lf ☒ Mini-enclosure ☐ Non-friable procedure

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

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/5/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 10/1/12

B & G proj. #: 2012-189

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

Check # 5536

Date of Notification (1) <u>10/18/11</u>		Name of Building Owner/Operator (2) <u>New Jersey City University</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address <u>251 West Side Avenue</u>		City, State, Zip Code <u>Jersey City, NJ 07305</u>	
Name of Contact <u>Darren Spitzkoff</u>		Telephone Number <u>7</u>	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Rossey Hall (non sub 8)</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>2039 John F Kennedy Boulevard</u>			Square Feet <u></u>		
City (5) <u>Jersey City, NJ 07305</u>			# of Floors <u></u>		
County (6) <u>Hudson</u>			Bldg. Age <u></u>		
County Code (7) (State use only) <u></u>			Current Use (Prior if being demolished) <u>University (non sub 8)</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>McCabe Environmental</u>		ASCM No. <u>00118</u>		Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>	
Street Address <u>464 Valley Brook Avenue</u>		Street Address <u>105 Ryerson Road</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>	
City, State, Zip Code <u>Lyndhurst, NJ 07071</u>		Telephone Number <u>973-696-6869</u>		License Number <u>0378</u>	
Project Manager for Monitoring Firm <u>James Ruff</u>		Phone Number <u>(201) 438-4839</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Scheduled Start Date (10) <u>10/1/2012</u>		Sched. Completion Date (11) <u>10/5/2012</u>		Street Address <u>105 Ryerson Road</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>start job 9:30pm</u>		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
SEE ATTACHED LIST			<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"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2 yards</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>
City, State <u>Lincoln Park, NJ 07035</u>	Disposal Date <u>10/5/12</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Treasurer</u>	Signature <u>Gordana Luna</u>	Date <u>10/1/12</u>

Project location:

ROSSEY HALL, New Jersey City University

Start date:

October 1, 2012 @ 9:30pm

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2012 OCT -4 AM 7:55

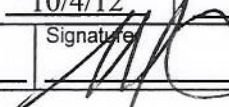
ASBESTOS CONTROL
& LICENSING

- 6th floor restroom: - *Remove* pipe fitting insulation from 2 fittings (pipe to remain)
- *Wrap & cut* an estimated 35 lf of insulated piping w/acm fittings intact
- 5th floor restroom: - *Wrap & cut* an est. 2 lf of insulated piping w/acm fittings intact at the floor drain located near ceiling
- 4th floor restroom: - *Remove* pipe fitting insulation from 2 fittings (pipe to remain)
- *Wrap & cut* an est. 25 lf of insulated piping w/acm fittings intact
- 3rd floor restrooms (2) - *Wrap & cut* an est. 2 lf insulated piping w/acm fittings intact At the floor drain located near ceiling at 2 bathrooms
- 2nd floor restroom: - *Remove* pipe fitting insulation from 2 fittings (pipe to remain)
- *Wrap & cut* an estimated 25 lf of insulated piping w/acm fittings intact
- Ground floor restroom: - *Remove* pipe fitting insulation from 2 fittings (pipe to remain)
- Ground floor custodian closet: *Remove* pipe fitting insulation from 3 fittings (pipe to remain)

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

CHECK # 24935

RECEIVED
2012 OCT -4 AM 7:38

Date of Notification (1) <u>9/28/12</u>		Name of Building Owner/Operator (2) <u>Cornelia Cummings</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>665 Rosedale Rd</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Cornelia Cummings</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>665 Rosedale Road</u>		Square Feet <u>2800</u>	# of Floors <u>1</u>
City (5) <u>Princeton</u>		Bldg. Age <u>50</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>10/2/12</u>	Scheduled Completion Date (11) <u>10/4/12</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8AM - 4PM</u>		Street Address <u>P.O. Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	
<u>Attic</u>		<input checked="" type="checkbox"/>	<u>duct insulation (wrap and cut)</u>
<u>Crawlspace</u>		<input checked="" type="checkbox"/>	<u>Pipe Insulation</u>
<u>Crawlspace</u>			<u>Duct Insulation</u>
<u>Attic</u>			<u>Duct Insulation Debris</u>
Amount (Specify SF or LF)		Abatement Type	
<u>60 LF</u>		Removal	Repair
<u>20LF</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>3SF</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>20LF</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental Services inc..</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>T.R.R.F., Inc. Landfill</u>	
Disposal Date <u>10/4/12</u>		City, State <u>Tullytown, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/28/12</u>

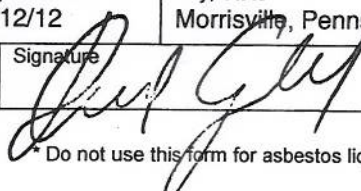
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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check # 1414
2012 OCT -4 AM 7:03
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/28/2012		Name of Building Owner/Operator (2) Borough of Carteret							
Agencies Notified	Type Notification	Street Address 61 Cooke Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Carteret NJ							
		Name of Contact Susanne Ericksen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address 63 Cooke Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Carteret		Square Feet 2500	# of Floors 2						
County (6) Middlesex		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address n/a		Street Address 567-52nd Street suite #16							
City, State, Zip Code n/a		City, State, Zip Code West New York NJ 07047							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 001144						
Start Date (10) 10-10-2012	Scheduled Completion Date (11) 10-17-2012	Name of OSHA Monitor J&S Environmental Corp							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 Hours		City, State, Zip Code Union NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
1st floor			x	floor tile and mastic	2000	x			
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Shirley NJ 11967			Disposal Date	City, State Waynesburg OH 44688					
Completed by Edwin Precilla		Title Project Manager	Signature <i>Edwin Precilla</i>	Date 9-28-2012					

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

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2012 OCT -4 AM 7:32
CK# 2166

Date of Notification (1) 10/02/12		Name of Building Owner/Operator (2) La Torre Construction							
Agencies Notified	Type Notification	Street Address 611 Springfield Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Kenilworth, NJ 07033							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Sarah	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address 611 Springfield Road		<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) Kenilworth		Square Feet 2,100+	# of Floors 2						
County (6) Union		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pyramid Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-689-6281						
Start Date (10) 10/12/12		Scheduled Completion Date (11) 10/12/12	License No. 01099						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply)		City, State, Zip Code Union, NJ 07081							
<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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler Pyramid Contracting Corp.		NJDEP Waste Hauler ID No. 32613	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Clifton, New Jersey		Disposal Date 10/12/12		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title General Manger		Signature 		Date 10/02/12			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)RECEIVED
Check # 6912

Date of Notification (1) 9/28/12		Name of Building Owner/Operator (2) New Jersey Department of Military Affairs	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [X] Initial Notification [] Amended Notification [] Cancellation	Street Address 101 Eggerts Crossing Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact William McBride	Telephone Number [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sea Girt NGTC			Type of Facility (4) [] School (K-12) [X] Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 381 Sea Girt Avenue			Square Feet	# of Floors	Bldg. Age ~50
City (5) Sea Girt	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices, training center		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 10/8/12	Sched. Completion Date (11) 10/12/12		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [X] Other – Describe: <u>partially vacated</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- [] Demolition [] Renovation [] Full Containment with Negative Pressure
 [X] ≥3 sf or ≥3 lf [] Mini – Enclosure [] Glovebag Procedure
 [] ≥160 sf or ≥260 lf [X] 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 E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Mess hall hallway		x		VAT	100 SF	x			
Bldg 35 – two lobbies		x		VAT mastic	240 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 10/12/12	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 9/28/12

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

Date of Notification (1) 10/02/12 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified	Type Notification	Street Address	
EPA	<input checked="" type="checkbox"/> Initial	P.O. box 2158	
DEP	<input type="checkbox"/> Notification	City, State, Zip Code	
DCA	<input type="checkbox"/> Amended	Princeton NJ 08543	
DOH	<input type="checkbox"/> Notification	Name of Contact	
	<input type="checkbox"/> Cancellation	Robert Otego	

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2012 OCT -4 AM 5:10

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University - 87 Prospect - Room 107			Type of Facility (4)		
Street Address Main Campus			<input type="checkbox"/> School (K12)		
			<input checked="" type="checkbox"/> Subchapter 8 (Other than K12)		
City (5) Princeton			Other (i. e. Private & commercial buildings, homes, etc.)		
			Square Feet		
County (6)			# of Floors		
County Code (7) (STATE USE ONLY)			Bldg. Age		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc			Current Use (Prior if being demolished) University		
ASCM No.			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 515 Grove Street Suite 1B			Street Address 98 LaCrue Avenue		
City, State, Zip Code Haddon Heights NJ			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Alan Lloyd			Telephone Number 610-364-9622		
Telephone Number 856-547-0505			Licence Number 1103		
Scheduled Start Date (10) 10/15/12 Month/Day/Year			Name of OSHA Monitor Criterion Labs		
Sched. Completion Date (11) 11/15/12 Month/Day/Year			Street Address 3370 Progressive Drive		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Bensalem PA 19020		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility					
Hours - Describe: 7:00 AM - 7:00 AM					
Other - Describe:					

Scope of work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> >3 sf or >3 if		Mini - Enclosure
<input checked="" type="checkbox"/> >160 sf or >260 lf		Glovebag Procedure
		<input checked="" type="checkbox"/> 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement room 107		<input checked="" type="checkbox"/>		floor mastic		<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill GROWS	
City, State Trenton NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 10-2-12

ABS-41
JUN 95

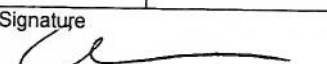
G4667

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

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2012 OCT -4 AM 7:36

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/1/12		Name of Building Owner/Operator (2) Joe Vincent / Residence							
Agencies Notified	Type Notification	Street Address 33 West Navasink Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor Twp NJ 08087							
		Name of Contact Joe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Vincent / Residence		Type of Facility (4)							
Street Address 33 West Navasink Drive		<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) Little Egg Harbor Twp NJ 08087		Square Feet 1000	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Current Use (Prior if being demolished) House						
Street Address		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/15/12	Scheduled Completion Date (11) 10/19/12	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 Sf	x			
Floor tile			x	Floor Tile	260 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/17/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/1/12		

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

Date of Notification (1) October 1, 2012		Name of Building Owner/Operator (2) Michael Kostechko							
Agencies Notified	Type Notification	Street Address 130 Pond Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Andy Dunham	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 130 Pond Road		Square Feet 2100	# of Floors 2						
City (5) Freehold		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive Suite 207		Street Address 47 S. Lippincott Ave							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Tony Esposito		Telephone No. 856-755-9300	License No. 00842						
Start Date (10) September 27, 2012	Scheduled Completion Date (11) * October 10, 2012	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 <input type="checkbox"/> Other - Describe:		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			xxx	Pipe Insulation	300 LF	xxx			
Basement			XXX	* 2 Layers Flooring	550 SF	xxx			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill					
City, State Mount Holly, New Jersey 08060			Disposal Date * Oct. 10, 2012	City, State Tullytown, PA.					
Completed by William Lynch		Title Owner	Signature <i>William J. Lynch</i>			Date October 1, 2012			

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Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

DOL - 10 DAY

Date of Notification (1)
September 25, 2012

Name of Building Owner/Operator (2)
Michael Kostachko

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ DCA

Type Notification

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

Street Address
130 Pond Road
City, State, Zip Code
Freehold, NJ 07728

Name of Contact
Andy Dunham

Check #50042, 5/2012

WAIVER APPROVED

Name of Facility Where Abatement is Taking Place (3)
Residence

Street Address
130 Pond Road

City (5)
Freehold

County (6)
Monmouth

FACILITY INFORMATION

Type of Facility (4)

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

Square Feet
2100

of Floors
2

Old Age
70

Current Use (Prior if being demolished)
Residence

Name of Monitoring Firm Hired by Building Owner (8)
MDG Environmental

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental LLC

Street Address
1000 Maplewood Drive Suite 207

Street Address
47 S. Lippincott Ave

City, State, Zip Code
Maple Shade, NJ 08052

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Tony Esposito

Telephone No
656-755-9300

Telephone No
856-755-0099

Licenses No
00842

Start Date (10)
September 27, 2012

Scheduled Completion Date (11)
October 1, 2012

Name of OSHA Monitor
EMSL

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
107 Haddon Ave

City, State, Zip Code
Westmont New Jersey 08108

Scope of Work (Check All That Apply)

☒ 25 or less SF
☒ 2500 or less SF
☐ 2500 or more SF

☒ Renovation
☐ Demolition

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

Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Enclose

Basement

Pipe Insulation

300 LF

xxx

Name of Registered Waste Hauler
Freehold Cartago

NJDEP Waste Hauler ID No
22263

Cubic Yards of Waste

Name of Registered Landfill
Grows Landfill

City, State
Mount Holly New Jersey 08060

Disposal Date
October 1, 2012

City, State
Tullytown, PA.

Completed by
William Lynch

Title
Owner

Signature

Date
Sept. 25, 2012

ASB 41 (R-05-06)

* Do not use this form for asbestos licensure exempted activities

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

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 4258
 2012 OCT -4 AM 7:40
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10-1-2012		Name of Building Owner/Operator (2) Hindel Realty							
Agencies Notified	Type Notification	Street Address 7002 D East							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Guttenburg, NJ 07093							
		Name of Contact Bobby	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House - Abandoned for Demo		Type of Facility (4)							
Street Address 223 Walker Street		<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) Cliffside Park		Square Feet	# of Floors 3						
			Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 10-10-2012	Scheduled Completion Date (11) 10-15-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 9am - 5pm		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Shingles	3,000 SF	X			
Name of Registered Waste Hauler DJM Transport, LLC		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste TBD	Name of Registered Landfill Clean Earth Inc					
City, State Kearny, NJ		Disposal Date TBD		City, State S. Kearny, NJ					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 10-1-2012			

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

Date of Notification (1) 10-1-2012		Name of Building Owner/Operator (2) County of Union							
Agencies Notified	Type Notification	Street Address 10 Elizabeth Town Plaza							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07207							
		Name of Contact David	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gallop Hills Service Yard		Type of Facility (4)							
Street Address 21 North 31st Street		<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) Kenilworth		Square Feet	# of Floors Bldg. Age 50+						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Empty Scheduled for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Jadar Contracting, LLC						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01088						
Start Date (10) 10-10-2012	Scheduled Completion Date (11) 11-10-2012	Name of OSHA Monitor Jadar Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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: 9 am - 5am		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Built up Roofing Material	12,000 SF	X			
Interior Break Room			X	VAT	100 SF	X			
Name of Registered Waste Hauler DJM Transport, LLC		NJDEP Waste Hauler ID No. 29681	Cubic Yards of Waste TBD	Name of Registered Landfill Clean Earth Inc.					
City, State Kearny, NJ 07032		Disposal Date TBD		City, State S. Kearny, NJ					
Completed by Lillie Lazarevich		Title Secretary	Signature <i>Lillie Lazarevich</i>			Date 10-1-2012			

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2452

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:160 and 13:130)

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AM 7:42

Date of Notification (1) <u>10/1/12</u>		Name of Building Owner/Operator (2) <u>FAIRVIEW CONTRACTORS</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	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>155 RT. 50</u> City, State, Zip Code <u>GREENFIELD, N.J. 08230</u> Name of Contact <u>DAVID BREUNIG</u>	
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>325 ERIE ROAD</u>		Square Feet <u>1000</u>	Vol. of Work <u>2</u>
City (5) <u>LAUREL LAKE - MILLVILLE</u>		Older Age <u>40+</u>	
County (6) <u>CUMBERLAND</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address		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>856-779-0422</u>	License No. <u>00444</u>
Start Date (10) <u>10/15/12</u>	Scheduled Completion Date (11) <u>10/22/12</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 <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 2311 or 2311 <input checked="" type="checkbox"/> 2160 or 2260			
<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-Frable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN FACILITY</u> (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)
<u>SIDING</u>		<u>TRANSIT</u>	<u>1500 LF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>6</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	Name of Registered Landfill <u>GILGOWSKI</u>
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>
			Date <u>10/1/12</u>

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

CHECK #
2451

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:134)

RECEIVED

Date of Notification (1) 10/1/02		Name of Building Owner/Operator (2) BOB MOOSE	
Agencies Notified EPH DEF DOH DOA DOE	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 322	
		City, State, Zip Code BRIGANTINE, N.J. 08003	
		Name of Contact SONIE	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Address 207 12TH ST. NORTH		Square Feet 1000	Year Built 2
City BRIGANTINE		Current Use (Prior to being demolished) VACANT	Age 40
County ATLANTIC	County Code (1) (STATE USE ONLY)	Name of Abatement Contractor (9) KLEMM INC.	
Name of Monitoring Firm Hired by Building Owner NA		Street Address 369 S. SPRING AVE	
Address		City, State, Zip Code MAPLE SHADE, N.J. 08052	
State Zip Code		Telephone No. 856-774-0422	License No. 000141
Responsible Manager for Monitoring Firm		Telephone No.	License No.
Date 10/15/12	Scheduled Completion Date (11) 10/22/12	Name of OSHA Monitor JOSEPH KLEMM	
Abatement Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 369 S. SPRING AVE	
Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Other Describe			

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)
☐ Renovation
☒ Demolition

Full Containment with Negative Pressure
☐ Min. Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (1) 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 (Spec. SF or LF)	Material
	Y	NO	UNK			
CEILING			X	TRANSITE	1500	X

Waste Handler KLEMM INC.	NJOEP Waste Permit ID No. 17901	Cubic Yards of Waste	Name of Registered Carrier ACVA
Maple Shade, N.J.		Disposal Date	City, State BRIGANTINE, N.J.
Signature Joseph Klemm	Title V/P	Signature Joseph Klemm	Date 10/1/02

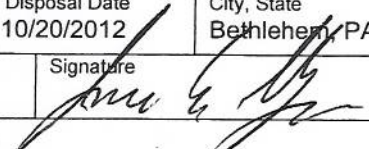
* Do not use this form for asbestos licensure exempted activities

check #
7836

Print Form

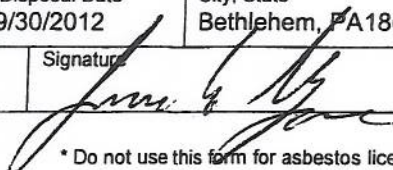
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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& LICENSING

Date of Notification (1) 9/28/2012		Name of Building Owner/Operator (2) Ericsson, Inc. formerly Telcordia Technologies, Inc.							
Agencies Notified	Type Notification	Street Address One Telcordia Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mr. Eric Fox	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Telcordia Technologies, Inc.		Type of Facility (4)							
Street Address One Telcordia Drive (Bldg. 3)		<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) Piscataway		Square Feet N/A	# of Floors 4						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 50 Years +						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 64 Broad Street		Street Address 494 E. 41 Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Mr. Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-345-0022						
Start Date (10) September 14, 2012		Scheduled Completion Date (11) October 30, 2012	License No. 00507						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The same as above							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Unoccupied Area (Mech. Rm.)		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Bldg. 3 Penthouse Mechanical Rm.	X			Pipe Insulation	250 LF	X			
Bldg. 3 Loading Dock	X			Spray-on insulation	60 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 7	Name of Registered Landfill IESI - Bethlehem Landfill					
City, State Newark, NJ 07105			Disposal Date 10/20/2012	City, State Bethlehem, PA 18015					
Completed by James E. Unger		Title Project Manager	Signature 	Date 9/28/2012					

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

RECEIVED

Date of Notification (1) 9/14/2012		Name of Building Owner/Operator (2) Ericsson, Inc. formerly Telcordia Technologies, Inc.							
Agencies Notified	Type Notification	Street Address One Telcordia Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Mr. Eric Fox	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Telcordia Technologies, Inc.		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 One Telcordia Drive (Bldg. 3)		Square Feet N/A	# of Floors 4						
City (5) Piscataway		Bldg. Age 50 Years +							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Communications							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 64 Broad Street		Street Address 494 E. 41 Street							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Mr. Tom Geiger		Telephone No. 732-290-2217	Telephone No. 973-345-0022						
Start Date (10) September 14, 2012		Scheduled Completion Date (11) September 30, 2012	License No. 00507						
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: Unoccupied Area (Mech. Rm.)		Name of OSHA Monitor The same as above							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 3 Penthouse Mechanical Rm.	X			Pipe Insulation	250 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 5	Name of Registered Landfill IESI - Bethlehem Landfill					
City, State Newark, NJ 07105		Disposal Date 9/30/2012		City, State Bethlehem, PA 18015					
Completed by James E. Unger		Title Project Manager		Signature 		Date 9/14/2012			

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

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Date of Notification (1) 8/31/2012		Name of Building Owner/Operator (2) Telcordia Technologies, Inc.	
Agencies Notified	Type Notification	Street Address One Telcordia Drive	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Piscataway, NJ 08854	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Eric Fox	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Telcordia Technologies, Inc.		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 One Telcordia Drive (Bldg. 3)		Square Feet N/A	# of Floors 4
City (5) Piscataway		Bldg. Age 50 Years +	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Communications	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address 64 Broad Street		Street Address 494 E. 41 Street	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm Mr. Tom Geiger		Telephone No. 732-290-2217	License No. 00507
Start Date (10) September 14, 2012	Scheduled Completion Date (11) September 30, 2012	Name of OSHA Monitor The same as above	
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: Unoccupied Area (Mech. Rm.)		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 3 Penthouse Mechanical Rm.	X			Pipe Insulation	650 LF	X			

Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 11222	Cubic Yards of Waste 10	Name of Registered Landfill IESI - Bethlehem Landfill	
City, State Newark, NJ 07105		Disposal Date 9/30/2012	City, State Bethlehem, PA 18015		
Completed by James E. Unger	Title Project Manager	Signature 	Date 8/31/2012		

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

Date of Notification (1) 10-1-12		Name of Building Owner/Operator (2) Cheryl Jones	
Agencies Notified	Type Notification	Street Address	
[] EPA	[X] Initial Notification	52 Renner Ave	
[] DEP	[] Amended Notification	City, State, Zip Code Bloomfield, NJ 07003	
[X] DOL	[] EMERGENCY	Name of Contact	Telephone Number
[X] DOH	[] Cancellation	Cheryl Jones	
[] DCA			

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2012 OCT -4 AM 7:44

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			[] School (K-12)		
City (5)			[] Subchapter 8 (Other than K-12)		
County (6) Essex			[X] Other (i.e., private & commercial buildings, homes, etc.)		
County Code (7) (STATE USE ONLY)			Square Feet 1900	# of Floors 2	Bldg. Age 70
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	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) 10/13/12	Sched. Completion Date (11) 10/15/12	Name of OSHA Monitor N/A	
Month Day Year	Month Day Year		
Occupancy Status During Abatement (Check only one)		Street Address	
[X] Facility Closed/Vacated During Entire Period of Abatement			
[] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»		City, State, Zip Code	
[] Other - Describe: «Other Occupancy Descript»			

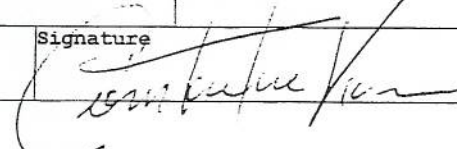
Scope of Work (Check all that apply)

[X] >3 sf or >3 lf
[] >160 sf or >260 lf

[X] Renovation
[] Demolition

[X] 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 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	40 LF	X				
Basement			X	Boiler Insulation	24 SF	X				

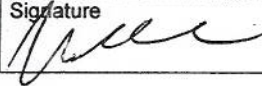
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 2.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10/16/12	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/1/12		

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

Date of Notification (1) 9-27-2012		Name of Building Owner/Operator (2) Laura DeCesare							
Agencies Notified	Type Notification	Street Address 15 Parkside Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange NJ 07052							
		Name of Contact Laura DeCesare							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 Parkside Ave		Square Feet 1596	# of Floors 1						
City (5) West Orange NJ.		Bldg. Age 1921							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Green Environmental Services							
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-3338855	License No. 01174						
Start Date (10) 09-28-12	Scheduled Completion Date (11) 09-28-12	Name of OSHA Monitor Same as above							
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 type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
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
Basement		x		Pipe Insulation.	34lf	x			
Name of Registered Waste Hauler Tri-state Transfer Associate		NJDEP Waste Hauler ID No. 2A456	Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises.					
City, State Bronx-NY		Disposal Date 09-28-12		City, State Waynesburg-Ohio					
Completed by Tiffany Nunez		Title Office Manager		Signature			Date 09-27-12		

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

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Date of Notification (1) 09 / 26 / 12			Name of Building Owner/Operator (2) John Kearney			2012 OCT -4 AM 7:53				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2859 Main Street City, State, Zip Code Manchuttua, NJ 08051			ASBESTOS CONTROL & LICENSING			
				Name of Contact John Kearney		Telephone Number				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Kearney Assoc.						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 2859 Main Street										
City (5) Manchuttua						Square Feet 40,000Sf	# of Floors 2 Floors	Bldg. Age 80 yrs.		
County (6)			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished) Garage				
Name of Monitoring Firm Hired by Building Owner (8) Here Tech, Inc.				ASCM No.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.				
Street Address 1879-I Old Cuthbert Road				Street Address 14 Read Drive						
City, State, Zip Code Cherryhill				City, State, Zip Code Sicklerville, NJ 08081						
Project Manager for Monitoring Firm Subash Rashia, PH.D			Telephone No. 856-429-5200		Telephone No. 856-318-1341		License No. 01158			
Start Date (10) 09 / 29 / 12		Scheduled Completion Date (11) 10 / 02 / 12			Name of OSHA Monitor Graham-Tech Environmental Services, LLC.					
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-3:30PM / ____ PM- ____ AM						Street Address 14 Read Drive City, State, Zip Code Sicklerville, NJ 08081				
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outside Shingles		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Shingles	1450Sf	<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 Graham-Tech Environmental Service, LLC			NJDEP Waste Hauler ID No. 0034600		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown				
City, State 14 Read Drive Sicklerville, NJ 08081					Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA				
Completed By (Print or Type) Willis Graham			Title Owner		Signature 			Date 9-26-12		

State of New Jersey
Asbestos Abatement and Enclosure Regulations
 (Pursuant to NJAC 8:26 and 12:20)

RECEIVED

Date of Notification (1) 9-28-12		Name of Building Owner/Owner (2) MARC BROWNSTEIN		2012 OCT 1 AM 7:49	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <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 118 South 12th Street	
		City, State, Zip Code Long Port NJ		Telephone Number	
		Name of Contact Bernard Sykes			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Resident Garage				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 112 South 12th Street				Square Feet	
City (5) Long Port NJ				# of Floors	
County (6) Ocean				Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Street Address 1212 Burlington Ave	
City, State, Zip Code				City, State, Zip Code DELRACO NJ 08075	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856 824 0971	
Start Date (10) 10-10-12		Scheduled Completion Date (11) 10-15-12		License No. 01070	
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 type="checkbox"/> Other - Describe:				Name of OSHA Monitor	
				Street Address	
				City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input checked="" 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-Frable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) OUT Garage		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)	
				ACM SIDING	
				Amount (Specify SF or LF) 700 SF	
				Abatement Type Removal Enclosure Repair Encapsulate	
Name of Registered Waste Hauler J Robinson Waste		NJ DEP Waste Hauler ID No. 18793		Cubic Yards of Waste 3	
City, State Bellmawr NJ		Disposal Date 10-15-12		Name of Registered Landfill WM. OF PA	
City, State Tullytown PA		Signature JTH		Date 9-28-12	
Completed by Jas Hill		Title VP			

ASB-41

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

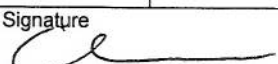
Please Aply over Payment to this App.
 Thank you Joe Hill V.P.

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

RECEIVED

2012 OCT -4 AM 7:49

ASBESTOS CONTROL
& LICENSING


Date of Notification (1) 10/1/12		Name of Building Owner/Operator (2) Mat Corr / Residence							
Agencies Notified	Type Notification	Street Address 380 North 1st street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Surf City NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mat	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mat Corr/ Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 380 North 1st street		Square Feet 1000	# of Floors 2						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/12/12	Scheduled Completion Date (11) 10/18/12	Name of OSHA Monitor Same							
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							
		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2800 Sf	x			
						x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/18/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/1/12		

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

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2012 OCT -4 AM 7:47

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/1/12		Name of Building Owner/Operator (2) Joe Mancini / Residence							
Agencies Notified	Type Notification	Street Address 13 East New Jersey Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Beach Haven NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe Mancini / Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 13 East New Jersey Ave		Square Feet 1000 +	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. .	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/1/12	Scheduled Completion Date (11) 10/2/12	Name of OSHA Monitor Same							
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							
		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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2650 Sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/2/12		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/1/12		

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

RECEIVED

Date of Notification (1) 09 / 24 / 12		Name of Building Owner/Operator (2) Anthony DiBartolomeo							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input 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 225 E Summit Ave							
		City, State, Zip Code Haddonfield, NJ 08033							
		Name of Contact Anthony DiBartolomeo	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 44 Grill Rd									
City (5) Haddonfield		Square Feet 2200Sf	# of Floors 3 Floors						
		Bldg. Age 77yrs.							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address 204 E. Germantown Pike		Street Address 14 Read Drive							
City, State, Zip Code Norriton, P.A. 19401		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Raymond J. Giodano		Telephone No. 856-229-5369	License No. 01158						
Start Date (10) 10 / 04 / 12	Scheduled Completion Date (11) 10 / 08 / 12	Name of OSHA Monitor Graham-Tech Environmental Service, LLC.							
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: 8AM-4:30PM / ____ PM - ____ AM		Street Address 14 Read Drive							
		City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HVAC Duct Insulation	50lf	<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 Graham-Tech Environmental Service, LLC.		NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081			Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA					
Completed By (Print or Type) Willis Graham		Title Owner	Signature 			Date 9/25/12			

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

RECEIVED

Date of Notification (1) 09/21/2012		Name of Building Owner/Operator (2) Private Property							
Agencies Notified	Type Notification	Street Address 204 Applegarth Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Monroe, NJ 08831							
		Name of Contact Danny Matarese	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private property		Type of Facility (4)							
Street Address 204 Applegarth Road		<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) Monroe		Square Feet 1500	# of Floors 2						
County (6) Middlesex		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) First Phase Group Inc						
Street Address N/A		Street Address 567 52nd Street Suite #16							
City, State, Zip Code N/A		City, State, Zip Code West New York, NJ 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01144						
Start Date (10) 10/01/2012	Scheduled Completion Date (11) 10/04/2012	Name of OSHA Monitor J&S Environmental Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Basement			x	floor tile	600 SF	x			
Basement			x	flue packing	2 SF	x			
Name of Registered Waste Hauler Asbestos Transportation Company		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NJ 11967				Disposal Date	City, State Waynesburg OH 44688				
Completed by Edwin Precilla		Title Project Manager		Signature		Date 9/21/2012			

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


RECEIVED
 2012 OCT -4 AM 7:45
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) October 1, 2012		Name of Building Owner/Operator (2) HOLY NAME HOSPITAL							
Agencies Notified	Type Notification	Street Address 718 Teaneck Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, New Jersey 07666							
		Name of Contact Michael J. D'Amico	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOLY NAME HOSPITAL		Type of Facility (4)							
Street Address 718 Teaneck Road		<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) Teaneck,		Square Feet 20,000	# of Floors 1						
		Bldg. Age 60+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Steam Room							
Name of Monitoring Firm Hired by Building Owner (8) C S A		ASCM No.	Name of Abatement Contractor (9) SLAVCO CONTRUCTION INC.						
Street Address 26 Lorenzo Court		Street Address 164 GETTY AVE.							
City, State, Zip Code Matawan, New Jersey 07747		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
Project Manager for Monitoring Firm Michael Chain		Telephone No. 732-9219220	Telephone No. 973-478-4848						
		License No. 00724							
Start Date (10) October 12, 2012	Scheduled Completion Date (11) October 15, 2012	Name of OSHA Monitor SLAVCO CONSTRUCTION INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 164 GETTY AVE.							
<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: 4:00Pm til Finish		City, State, Zip Code CLIFTON, NEW JERSEY 07011-1802							
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) <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
Outside Steam Pipe			x	Pipe Insulation Clean-up	80LF	x			
Name of Registered Waste Hauler Slavco Construction Inc.		NJDEP Waste Hauler ID No. 18508	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S LANDFILL					
City, State CLIFTON, NEW JERSEY 07011-1802			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by Vivian D. Jurcevic		Title Office Mgr.	Signature <i>Vivian D. Jurcevic</i>	Date October 1, 2012					

No
check

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 8/24/12			Name of Building Owner/Operator (2) BPG Development Group		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type () Initial Notification (X) Amended Notification Amendment # 2 () Emergency (including justification) () Cancellation		Street Address 3815 West Chester Pike	
				City, State, Zip Code Newtown Square, PA 19073	
		Name of Contact John Forde		Tel Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant warehouse			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address 523 Chestnut St.			Sq. Feet 215,000 # of Floors 1		
City (5) Woodbury Heights	County (6) Gloucester	County Code (7) (State Use Only)	Bldg. Age 50 Current Use (prior if being demolished) window and door manufacturer		
Name of Monitoring Firm AET		ASCM No.	Name of Contractor (9) Alliance Environmental Systems		
Street Address 28 N. Pennel Rd.		Street Address 550 East Union Street			
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382			
Project Manager for Monitoring Firm Dave Turotsy		Telephone Number 610-891-0114	Telephone Number 610-701-9000		License Number 00508
Scheduled Start Date (10) 9/10/12		Scheduled Completion Date (11) 10/31/12		Name of OSHA Monitor AET	
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 28 N. Pennel Rd.		
Describe Other -			City, State, Zip Code Media, PA 19063		
Source of Work (Check all that apply)					
(X) 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 (X) 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	
Above ceiling in office		Pipe insulation	200 LF	X	
Roof of Maintenance Bldg.		Roof (roof collapsing, will Be removed during demolition)	2000 SF	X	
Perimeter windows		Window glazing	210 SF	X	
Name of Reg. Waste Hauler N.E.T.S. / Miners	NJDEP Waste Hauler ID # 17235	Cubic Yards of Waste Approx. 10	Name of Reg. Landfill BFI Imperial		
City, State Hazelton, PA		Disp. Date TBD	City, State Imperial, PA		
Completed by (Print or Type) Robert Casciato	Title President	Signature 	Date 10/01/12		

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

Telephone 609-984-6620

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9/18/00