

3K  
004411

D&S Proj. #: MS 12-344

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

RECEIVED

2012 OCT -5 AM 2:31

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/12/12		Name of Building Owner/Operator (2) HILL HOFFMANN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 100 PAIGET AVENUE		City, State, Zip Code CLIFTON, NJ 07012	
Name of Contact BILL HOFFMANN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BILL HOFFMANN			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 100 PAIGET AVENUE			Square Feet # of Floors Bldg. Age		
City (5) CLIFTON	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/16/12		Sched. Completion Date (11) 10/29/12	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥160 sf or ≥260 lf ☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	100 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/17/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/28/12

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

D&S Proj. #: MS 12-345

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2012 OCT -5 AM 2:31

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) MRS. DALTHEA Beavers	
Agencies Notified	Type Notification	Street Address 2017 BANGS AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code NEPTUNE, NJ 07753	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MRS. DALTHEA BROWN	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MRS. DALTHEA Beavers			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 2017 BANGS AVENUE			Square Feet		
City (5) NEPTUNE			County (6) MONMOUTH		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/11/12		Sched. Completion Date (11) 10/19/12		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

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


Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	15 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/12/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/01/12



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

**RECEIVED**  
**2012 OCT -5 AM 12:47**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 9/28/12		Name of Building Owner/Operator (2) US Masters Residential Property (USA) Fund							
Agencies Notified	Type Notification	Street Address 1000 Plaza Two, Floor 10, Harborside Financial Center							
<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 Jersey City, NJ 07311							
		Name of Contact Daniel Bailey							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address 132 Propsect Street		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.)							
City (5) Jersey City		Square Feet 3900	# of Floors 4						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 10/12/12	Scheduled Completion Date (11) 10/26/12	Name of OSHA Monitor							
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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	200 LF	x			
1st floor kitchen,pantry,hall			x	floor tile	330 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President	Signature 			Date 9/28/12			



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

APPROVED: TOM VOORHEES, NJDOL

CL# 2352

Date of Notification (1) <b>10/2/12</b>		Name of Building Owner / Operator (2) <b>ACTAVIS</b>	
Agencies Notified	Type Notification	Street Address <b>200 ELMORA AVENUE</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code <b>ELIZABETH, NJ 07207</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Mike Piccorello</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

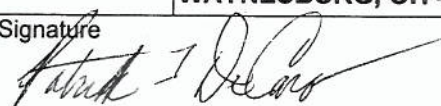
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>ACTAVIS</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>200 ELMORA AVENUE</b>			Square Feet <b>30,000</b>	# of Floors <b>4</b>	Bldg. Age <b>70 +/-</b>
City (5) <b>ELIZABETH, NJ</b>	County (6) <b>UNION</b>	County Code (7)	Current Use (Prior if being demolished) <b>PHARMACEUTICAL</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>EAGLE INDUSTRIAL HYGIENE</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>359 DRESHER ROAD</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>HORSHAM, PA 19044</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>LARRY NAGELBERG</b>		Telephone Number <b>215-672-6088</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>10/2/12</b>	Scheduled Completion Date (11) <b>10/3/12</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5pm-midnight</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

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 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) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>st</sup> floor cooridor outside cafeteria</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe insulation</b>	<b>25 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE 19720</b>	Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>PROJ. MGR.</b>	Signature 	Date <b>10/2/12</b>



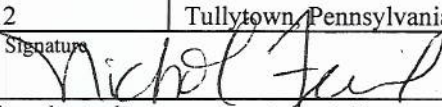
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 2, 2012		Name of Building Owner/Operator (2) New Jersey Eastern Star Home	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	111 FINDERNE AVENUE	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Bridgewater, NJ 08807	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Louis Garlatti	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) New Jersey Eastern Star Home			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
111 FINDERNE AVENUE					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Bridgewater	Somerset		12,000 sf	1	60
			Current Use (Prior if being demolished) Nursing Home		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
1889 Rte. 9, Unit 61			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
Toms River, NJ 08755			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/19/12		Scheduled Completion Date (11) 10/26/12		Name of OSHA Monitor E.M.S.L. Analytical	
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 _____			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
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 type="checkbox"/> Renovation <input checked="" 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Boiler breeching	70 sf	X			
Attic			X	Vibration cloth	5 sf	X			
Exterior		X		Tar coating	40 sf	X			
Bathroom wall			X	Asbestos pipe wrap	10 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/29/12	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/2/2012

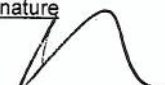
\*Do not use this form for asbestos licensure exempted activities.

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

RECEIVED

2012 OCT -5 AM 12:35

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) Oct 21, 2012		Name of Building Owner/Operator (2) City of Newark	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 920 BROAD ST	
		City, State, Zip Code Newark, NJ 07102	
		Name of Contact GEORGE GUNKLEMAN	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DURALAC		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 84 LISTER AVE		Underground sewer	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Sq. Feet 10,000 # of Floors 2
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		ASCM No.	Name of Contractor (9) Absolut Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City, State, Zip Code FLORHAM PARK, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Oct 15, 2012	Scheduled Completion Date (11) OCT 30, 2012	Name of OSHA Monitor MECS	
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 5 Linwood Ct	
Describe Other - Describe		City, State, Zip Code Hamilton, NJ 08690	
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 (X) 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)
1 <sup>ST</sup> AND 2 <sup>ND</sup> FLOOR	X	FLOOR TILE-PIPE INSULATION	3,000 SF
Name of Reg. Waste Hauler CALI CARTING	NJDEP Waste Hauler ID # 09330	Cubic Yards of Waste 30	Name of Reg. Landfill GRAND CENTRAL SANITARY
City, State KEARNY, NJ		Disp. Date 10/31/12	City, State PENN ARGYL, PA
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 10/2/2012



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

*RECEIVED  
2012 OCT -5 AM 12:34*

Date of Notification (1) <b>10/2/12</b>		Name of Building Owner/Operator (2) <b>MR. THOMAS McDERMOTT</b>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>25 GLENDALE RD</b> City, State, Zip Code <b>RADISON, NJ 07940</b> Name of Contact <b>MR. McDERMOTT</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>MR. McDERMOTT</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>25 GLENDALE RD</b>		Square Feet <b>1900</b>	# of Floors <b>2</b>					
City (5) <b>RADISON</b>		Bldg. Age <b>1940</b>						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 S. River St</b>						
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>						
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>					
Start Date (10) <b>10/18/12</b>	Scheduled Completion Date (11) <b>10/19/12</b>	Name of OSHA Monitor <b>Omega Environmental Inc</b>						
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: <b>7am to 5pm</b>		Street Address <b>280 Huyler St</b>						
		City, State, Zip Code <b>South Hackensack, N.J. 07606</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>BASEMENTS</b>				<b>THERMAL INSULATION</b>	<b>85 LF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>11/29</b>	Name of Registered Landfill <b>Minerva Enterprises</b>				
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/19/12</b>		City, State <b>Waynesburg, Oh</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i>			Date <b>10/2/12</b>	

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

<u>Date of Notification (1)</u> 10/03/2012		<u>Name of Building Owner/Operator (2)</u> BASF Corporation	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH ( ) DCA	<u>Notification Type</u> (X) Initial Notification (X) Amended Notification ( ) Cancelled Rev. 1	<u>Street Address</u> 100 Campus Drive <u>City, State, Zip Code</u> Florham Park, NJ 07932 <u>Name of Contact</u> Frank Piechoeta	

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**ASBESTOS CONTROL & LICENSING**

<u>Name of Facility Where Abatement is Taking Place (3)</u> BASF - Outside / Concrete Slabs			<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)
<u>Street Address</u> 1 James Street			<u>Sq. Feet</u> 0 <u># of Floors</u> 0
<u>City (5)</u> Belvidere	<u>County (6)</u> Warren	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 0 +/- <u>Current Use (prior if being demolished)</u> vacant manufacturing

<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Health Investigations, Inc.	<u>ASCM No.</u> 00104	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
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<u>Street Address</u> 655 West Shore Trail	<u>Street Address</u> 404 N. Berry Street
<u>City, State, Zip Code</u> Sparta, NJ 07871	<u>City, State, Zip Code</u> Brea, CA 92821

<u>Project Manager for Monitoring Firm</u> William S. Kerbel, CIH	<u>Telephone Number</u> 973-79-5649	<u>Telephone Number</u> 484-480-8931	<u>License Number</u> 01066
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<u>Scheduled Start Date (10)</u> 10/08/2012	<u>Scheduled Completion Date (11)</u> 12/07/2012	<u>Name of OSHA Monitor</u> Testor Tech
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<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -	<u>Street Address</u> 10 59 Jackson Ave.
<u>Describe Vacant Bldg. To Be Demolished</u> Other - Describe	<u>City, State, Zip Code</u> L.I.C. New York, 11101

Source of Work (Check all that apply)

(X) Demolition ( ) Renovation  
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) Small Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure (X) Outdoor Work

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Concrete Slabs at grade	X			Asphalt Tar & Paper	5,400 sf	X			
Exterior of Bldg. 4	X			Insulation in Flooring	1600 sf	X			

<u>Name of Reg. Waste Hauler</u> Gary W. Gray GTrucking	<u>NJDEP Waste Hauler ID #</u> NJ DEP #09369	<u>Cubic Yards of Waste</u> 250	<u>Name of Reg. Landfill</u> IESI PA Bethlehem Landfill
<u>City, State</u> 56 Route 46 Delaware, NJ 07833	<u>Disp. Date</u> 12/07/12	<u>City, State</u> Bethlehem, PA	
<u>Completed by (Print or Type)</u> Joseph K. White	<u>Title</u> Project Coordinator	<u>Signature</u> <i>Joseph K. White</i>	<u>Date</u> 10/03/2012



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<b>Notification of Demolition or Renovation.....(continued)</b>			
<b>X. Description of Planned Demolition or Renovation Work and Methods to be Used:</b> See attached Work Plans.			
<b>XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site:</b> See attached Work Plans.			
<b>XII. Waste Transporter#1 Gary W. Gray Trucking</b>			
Address: 56 Route 46			
City: Delaware	County: Warren	State: NJ	Zip: 07833
Contact: Jason R. Wilson		Telephone: 908-475-3797	
<b>Waste Transporter#2 N/A</b>			
Address			
City	County	State	Zip
Contact		Telephone	
<b>XIII. Waste Disposal Site IESI PA Bethlehem Landfill Corp</b>			
Address: 2335 Applebutter Road		EPA Certification Number: PADEP 100020	
City: Bethlehem	County: Northampton	State: PA	Zip: 18015
Contact: Alan Schleyer		Telephone: 610-317-3200	
<b>XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:</b>			
Name		Title	
Authority			
Date of Order (MM/DD/YY)		Date Ordered to Begin (MM/DD/YY)	
<b>XV. For Emergency Renovations:</b>			
DATE and HOUR of Emergency: (MM/DD/YY) 9-16-2012		(HH:MM) Prior to noon	
Description of SUDDEN, UNEXPECTED EVENT: Please see attached BASF letter dated 09/18/2012.			
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations: Please see attached BASF letter dated 9/18/2012 Per call in on 9-24-12 NCM is unable to commence work on 9-24-12 due to resources needed to respond to needs associated with the demolition of the Powerhouse located on the BASF site. Proposed Work Plan for Debris Pile attached. This Work Plan was emailed to Tom Voorhees on 10/03/12 and approval has been received.			
<b>XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder</b> Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.			
<b>XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).</b>			
Joseph K. White (Signature)		(Date) 10/03/12	
<b>XVIII. I Certify that the Above Information is Correct</b>			
Joseph K. White (Signature)		(Date) 10/03/12	