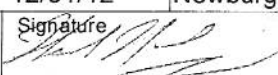


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

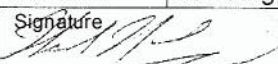
369

**RECEIVED**  
2012 OCT 16 7:03  
ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) <b>October 12, 2012</b>			Name of Building Owner/Operator (2) <b>Pfizer, Inc</b>		
Agencies Notified		Type Notification		Street Address	
<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 # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>100 US Highway 206</b> City, State, Zip Code <b>Peapack, NJ</b> Name of Contact <b>Project Manager</b>	
				Telephone Number <b>7</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>American Cyanamid Superfund Site</b>				Type of Facility (4)	
Street Address <b>20 Polhemus Lane</b>				<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) <b>Bridgewater</b>				Square Feet	# of Floors
County (6) <b>Somerset</b>				Bldg. Age	
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (Prior if being demolished) <b>Superfund Site</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>			ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>	
Street Address <b>907 Doolittle Drive</b>			Street Address <b>1500 Kings HWY N, STE 209</b>		
City, State, Zip Code <b>Bridgewater, NJ 08807</b>			City, State, Zip Code <b>Cherry Hill, NJ 08034</b>		
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>
Start Date (10) <b>10/23/12</b>		Scheduled Completion Date (11) <b>12/31/12</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
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: _____				<b>1500 Kings HWY N, STE 209</b>	
				City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply)					
<input checked="" 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 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 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)
	Yes	No	N/A		
see attached		<input checked="" type="checkbox"/>		see attached	see attached
Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Newburg, PA</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 	Date <b>10/12/12</b>

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

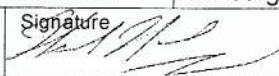
345

Date of Notification (1) <b>October 05, 2012</b>		Name of Building Owner/Operator (2) <b>Pfizer, Inc</b>							
Agencies Notified	Type Notification	Street Address <b>100 US Highway 206</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <b>2</b>	City, State, Zip Code <b>Peapack, NJ</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Project Manager</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>American Cyanamid Superfund Site</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>20 Polhemus Lane</b>		Square Feet	# of Floors						
City (5) <b>Bridgewater</b>		Bldg. Age							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Superfund Site</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>10/15/2012</b>		Scheduled Completion Date (11) <b>12/31/12</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)  <b>see attached</b>	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)  <b>see attached</b>	Amount (Specify SF or LF)  <b>see attached</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>	Signature 			Date <b>10/5/12</b>			



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

329

Date of Notification (1) <b>September 20, 2012</b>		Name of Building Owner/Operator (2) <b>Pfizer, Inc</b>							
Agencies Notified	Type Notification	Street Address <b>100 US Highway 206</b>							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <b>1</b>	City, State, Zip Code <b>Peapack, NJ</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>Project Manager</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>American Cyanamid Superfund Site</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>20 Polhemus Lane</b>		Square Feet	# of Floors						
City (5) <b>Bridgewater</b>		Bldg. Age							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Superfund Site</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No. <b>0021</b>	Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>						
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>							
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>						
Start Date (10) <b>10/8/2012</b>		Scheduled Completion Date (11) <b>12/31/12</b>	License No. <b>00781</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <b>The MACK Group, LLC.</b>							
		Street Address <b>1500 Kings HWY N, STE 209</b>							
		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>see attached</b>		<input checked="" type="checkbox"/>		<b>see attached</b>	<b>see attached</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Cumberland County Landfill</b>					
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>12/31/12</b>		City, State <b>Newburg, PA</b>					
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 				Date <b>9/20/12</b>	

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

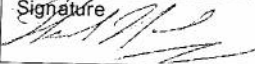
210

Date of Notification (1) <b>September 04, 2012</b>		Name of Building Owner/Operator (2) <b>Pfizer, Inc</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>100 US Highway 206</b>		City, State, Zip Code <b>Peapack, NJ</b>	
Name of Contact <b>Project Manager</b>		Telephone Number	

**RECEIVED**  
**2012 OCT 16 7:03**  
**ASBESTOS CONTROL & LICENSING**

Name of Facility Where Abatement is Taking Place (3) <b>American Cyanamid Superfund Site</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>20 Polhemus Lane</b>			Square Feet		
City (5) <b>Bridgewater</b>			# of Floors		
County (6) <b>Somerset</b>			Bldg. Age		
County Code (7) <i>(STATE USE ONLY)</i>			Current Use (Prior if being demolished) <b>Superfund Site</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc.</b>		ASCM No. <b>0021</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC</b>	
Street Address <b>907 Doolittle Drive</b>		Street Address <b>1500 Kings HWY N, STE 209</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		Telephone No. <b>(973) 759 - 5000</b>		License No. <b>00781</b>	
Project Manager for Monitoring Firm <b>Eric Houseknecht</b>		Telephone No. <b>(908) 218-1108</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>	
Start Date (10) <b>September 21, 2012</b>		Scheduled Completion Date (11) <b>October 26, 2012</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Scope of Work (Check All That Apply) <input checked="" 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 checked="" 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) In Facility (13) <b>TO BE ABATED</b>	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 checked="" type="checkbox"/>		see attached	see attached	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Newark Carting / Rovic</b>		NJ DEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>TBD</b>		Name of Registered Landfill <b>Cumberland County Landfill</b>	
City, State <b>Newark / Riverdale, NJ</b>		Disposal Date <b>October 26, 2012</b>		City, State <b>Newburg, PA</b>		Date <b>9/4/12</b>	
Completed by <b>Mike Cooper</b>		Title <b>President</b>		Signature 		Date <b>9/4/12</b>	



Fax:

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:20)

RECEIVED

APPROVED  
NJ Dept. of Health & Senior Services  
Paul C. [Signature]  
Date: 10/09/12 Time: 8:44 AM

Date of Notification (1)  
10/10/12

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ PCA

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

Name of Building Owner/Operator (2)

BILL SCHIEL

Street Address

177 PARK PLACE

City, State, Zip Code

IRVINGTON, NJ 07111

Name of Contact

Brian RABB

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

BILL SCHIEL

Street Address

177 PARK PLACE

City (5)

IRVINGTON

County (6)

ESSEX

County Code (7)  
(State use only)

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

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

10/09/12

Sched. Completion Date (11)

10/18/12

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
 Describe: \_\_\_\_\_

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥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 a m o v e	R e p a i r	E n c a p	F r e e L
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	16 L FT	<input checked="" type="checkbox"/>			
Basement Boiler (2X)		<input checked="" type="checkbox"/>		Boiler Insulation	50 SQ FT	<input checked="" type="checkbox"/>			

Registered Waste Hauler  
D & S RESTORATION, INC.NJDEP Hauler ID#  
13506Cubic Yards of Waste  
3 YDSName of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERYCity, State  
PATERSON, NJ 07503Disposal Date  
10/10/12City, State  
TULLYTOWN, PACompleted by (Print or Type)  
BOGDAN JOLDZICTitle  
PRESIDENT

Signature

Date  
10/08/12

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



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

D&S Proj. #: MS 12-357

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2012 OCT 16 11:06:57

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) BILL SCHIEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 177 PARK PLACE		City, State, Zip Code IRVINGTON, NJ 07111	
Name of Contact Brian RABB		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BILL SCHIEL			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 177 PARK PLACE			Square Feet		
City (5) IRVINGTON			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/09/12			Sched. Completion Date (11) 10/18/12		
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.		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Full Containment w/negative pressure			Removal			Repair			Encap			Encl		
<input checked="" type="checkbox"/> Mini-enclosure			<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input checked="" type="checkbox"/> Glovebag procedure			<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

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	16 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler (2X)		<input checked="" type="checkbox"/>		Boiler Insulation	50 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/10/12		City, State TULLYTOWN, PA	
Completed by (Print or Type) RODAN IOLDZIC		Title PRESIDENT		Signature Date 10/08/12	



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

D&S Proj. #: MS 12-358

RECEIVED

2012 OCT 16 6:29

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) ESTATE OF KATHARINA F. MAIER	
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 585 WILLOW AVENUE		City, State, Zip Code SADDLE BROOK, NJ	
Name of Contact BARBARA AND ANDY BUTKA		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THE ESTATE OF KATHARINA F. MAIER			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 585 WILLOW AVENUE			Square Feet # of Floors Bldg. Age		
City (5) SADDLE BROOK	County (6) BERGEN	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) 10/18/12		Sched. Completion Date (11) 10/26/12		
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)  
☒  $\geq 3$  sf or  $\geq 3$  lf    ☒ Renovation  
☐  $\geq 160$  sf or  $\geq 260$  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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT 5 LOCATIONS		<input checked="" type="checkbox"/>		PIPE INSULATION	25 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRST FLOOR CLOSET		<input checked="" type="checkbox"/>		PIPE INSULATION	10 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

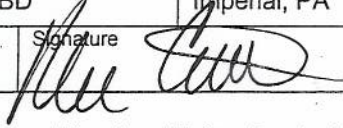
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 10/08/12

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

RECEIVED

2012 OCT 16 6:28

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/9/12		Name of Building Owner/Operator (2) Barlow Buick GMC							
Agencies Notified	Type Notification	Street Address 663 Mantua Pike							
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbury, NJ 08096							
		Name of Contact Ed Barlow	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Barlow Buick GMC		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 663 Mantua Pike		Square Feet 4000	# of Floors 2						
City (5) Woodbury		Bldg. Age 50							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Auto showroom							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 9 S. Main St.		Street Address 550 East Union St.							
City, State, Zip Code Mullica Hill, NJ 08062		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-223-0080	Telephone No. 610-701-9000						
License No. 00508									
Start Date (10) 10/23/12	Scheduled Completion Date (11) 11/5/12	Name of OSHA Monitor EHS							
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 9 S. Main St.							
		City, State, Zip Code Mullica Hill, NJ 08062							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Former Showroom/offices			X	acoustic ceiling tiles	3100 SF	X			
Showroom/offices			X	VAT/Mastic and Mastic only	2325 & 3016 SF	X			
Window			X	Caulk	300 LF	X			
Roof			X	Flashing	425 SF	X			
Name of Registered Waste Hauler N.E.T.S./Miners		NJDEP Waste Hauler ID No. 17235	Cubic Yards of Waste 30	Name of Registered Landfill BFI Imperial					
City, State Hazelton, PA			Disposal Date TBD	City, State Imperial, PA					
Completed by Robert M. Casciato		Title President	Signature 			Date 10/9/12			



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

RECEIVED

Date of Notification (1) 10/09/12		Name of Building Owner/Operator (2) Igreja Evangelica O Bom Pastor							
Agencies Notified	Type Notification	Street Address 780 Kearny Ave							
<input 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny NJ 07032							
		Name of Contact Antonio Leonardo	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Good Shepherd Day Care		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 780 Kearny Avenue		Square Feet	# of Floors						
City (5) Kearny		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Day Care							
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 Shareshevsky		Telephone No. 973-769-6946	License No. 01171						
Start Date (10) 10/20/2012	Scheduled Completion Date (11) 10/20/2012	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 110 Colin Drive							
		City, State, Zip Code Holobrook NY 11741							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
boiler room, classroom #4 & 5		X		ACM pipe insulation	80LF				
				wet wrap/seal					
Name of Registered Waste Hauler Kielczewski Corporation		NJDEP Waste Hauler ID No. 0034721	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State West Orange NJ			Disposal Date	City, State Morgantown PA					
Completed by Slawomir Kielczewski		Title President	Signature <i>Kielczewski</i>			Date 10/09/12			

Check # 7998

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

RECEIVED

Date of Notification (1) <b>10/11/12</b>		Name of Building Owner/Operator (2) <b>AMERICAN HOSE + HYDRANTS</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>700 21ST AVE</b>		City, State, Zip Code <b>PATERSON NJ 07513</b>	
Name of Contact <b>DOUG</b>		Telephone Number _____	

**2012 OCT 16 6:27**  
**ASBESTOS CONTROL & LICENSING**

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>ABANDON BUILDING</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>38-40 LAWRENCE ST.</b>		Square Feet <b>2000</b>	# of Floors <b>1</b>
City (5) <b>PATERSON, N.J.</b>		Bldg. Age <b>60</b>	
County (6) <b>PASSAIC</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>ABANDON/CRACK/DEMO</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
Street Address		Street Address <b>105 Lowell Road</b>	
City, State, Zip Code		City, State, Zip Code <b>Glen Rock, N.J. 07452</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>
Start Date (10) <b>10/20/12</b>	Scheduled Completion Date (11) <b>10/23/12</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>	
		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ROOF</b>			<b>X</b>	<b>ROOFING</b>	<b>2000 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Rovic Transport</b>		NJDEP Waste Hauler ID No. <b>20785</b>	Cubic Yards of Waste <b>45</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>	
City, State <b>Riverdale, New Jersey 07457</b>			Disposal Date <b>10/20/12</b>	City, State <b>Bethlehem, PA 18015</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <i>R. McDonald</i>	Date <b>10/11/12</b>	



RECEIVED

APPROVED

NJ Department of Health &amp; Senior Services

Signature: *[Signature]*

Date: 10/12 Time: 1:35 PM

Date of Notification (1)  
10/10/12

Name of Building Owner/Operator (2)

GREGORY ROBINSON

2012 OCT 16

Street Address

381 STEGMAN PARKWAY

City, State, Zip Code

JERSEY CITY, NJ 07306

Name of Contact

GREGORY ROBINSON

Telephone Number

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

GREGORY ROBINSON

Street Address

381 STEGMAN PARKWAY

City (5)

JERSEY CITY

County (6)

HUDSON

County Code (7)

(State use only)

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

ASGM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

10/10/12

Scheduled Completion Date (11)

10/20/12

Occupancy Status During Abatement (Check only one)

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

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation  
☐ ≥150 sf or ≥250 lf ☐ Demolition

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-triable 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	Mncl
	Yes	No	N/A						
BATHROOM/ATTIC		X		PIPE INSULATION	35 L FT	X			

Registered Waste Hauler  
D & S RESTORATION, INC.NJDEP Hauler ID#  
13506Cubic Yards of Waste  
1 YDName of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERYCity, State  
PATERSON, NJ 07503Disposal Date  
10/11/12City, State  
TULLYTOWN, PACompleted by (Print or Type)  
BOGDAN JOLDZICTitle  
PRESIDENT

Signature

Date  
10/09/12

ASB-41

Do not use this form for asbestos licensure exempted activities.



RECEIVED

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) GREGORY ROBINSON		2012 OCT 16 6:26	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 381 STEGMAN PARKWAY	
		City, State, Zip Code JERSEY CITY, NJ 07306		ASBESTOS CONTROL & LICENSING	
		Name of Contact GREGORY ROBINSON		Telephone Number -	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) GREGORY ROBINSON			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 381 STEGMAN PARKWAY			Square Feet		
City (5) JERSEY CITY			County (6) HUDSON		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 10/10/12			License Number 01169		
Sched. Completion Date (11) 10/20/12			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						
BATHROOM/ATTIC		<input checked="" type="checkbox"/>		PIPE INSULATION	35 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 10/11/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/09/12



004459

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

RECEIVED

2012 OCT 16 3:50

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) DOROTHY KUBIAN	
Agencies Notified	Type Notification	Street Address 203 EAST HIGH STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code BOUND BROOK, NJ 07205	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact RONALD BRINK	
<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) DOROTHY KUBIAN			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 203 EAST HIGH STREET			Square Feet		
City (5) BOUND BROOK			County (6) SOMERSET		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) 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		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 10/22/12	Sched. Completion Date (11) 10/30/12			
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				

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 w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		PIPE INSULATION	172 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	12 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/23/12	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/09/12



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

B &amp; G proj. #: 2012-187

Emergency

Check # 5559

Date of Notification (1)

10/10/12

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Name of Building Owner/Operator (2)

Eileen Hurtado

Street Address

126 Main Street

City, State, Zip Code

Lincoln Park, NJ 07035

Name of Contact

Eileen Hurtado

RECEIVED

2012 OCT 16 5:21

ASBESTOS CONTROL  
& LICENSING

APPROVED  
NJ Dept of Health & Senior Services  
(Signature)  
Date: 10/09/12 Time: 1:32 PM

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Eileen Hurtado

Street Address

126 Main Street

City (5)

Lincoln Park, NJ 07035

County (6)

Morris

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)  
residential

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

n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

10/10/2012

Sched. Completion Date (11)

10/10/2012

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: \_\_\_\_\_

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation  
☒  $\geq 3$  sf or  $\geq 2$  lf ☐  $\geq 160$  sf or  $\geq 280$  lf

- ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ 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						
basement			<input checked="" type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	30 lf	<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"/>

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
1 1/2 yardsName of Registered Landfill  
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date  
10/11/12City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Treasurer

Signature

Gordana Luna

Date

10/09/2012



B &amp; G proj. #: 2012-187

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

Emergency

Check # 5559

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) Eileen Hurtado	
Agencies Notified	Type Notification	Street Address 126 Main Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Lincoln Park, NJ 07035	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Eileen Hurtado	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number _____	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Eileen Hurtado			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 126 Main Street			Square Feet		
City (5) Lincoln Park, NJ 07035			County (6) Morris		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) residential
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 10/10/2012		Sched. Completion Date (11) 10/10/2012			
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: _____ <input type="checkbox"/> Other-Describe: _____					

## 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	30 lf	<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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yards	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/11/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature Gordana Luna	Date 10/09/2012



B &amp; G proj. #: 2012-195

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

RECEIVED  
Check # 5560

Date of Notification (1) 10/10/12		Name of Building Owner/Operator (2) Juliet & Michael Fox	
Agencies Notified	Type Notification	Street Address 64 Charles Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bernardsville, NJ 07924	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Pat Riley	Telephone Number _____
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Juliet & Michael Fox			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 64 Charles Street			Square Feet		
City (5) Bernardsville, NJ 07924			# of Floors		
County (6) Somerset			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 10/19/2012		Sched. Completion Date (11) 10/19/2012	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			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 ≥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						
basement			<input checked="" type="checkbox"/>	pipe insulation	7 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/22/12	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Treasurer	Signature <i>Gordana Luna</i>	Date 10/09/2012



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

OK 4042

**RECEIVED**  
2012 OCT 16 5:26  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 10/9/2012		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 4000 HADLEY RD.		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
Name of Contact RICHARD STRAUSS		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 FISH HOUSE RD. & PENNSYLVANIA AVE.		Square Feet 500							
City (5) KEARNY		# of Floors 1	Bldg. Age APPX 75 YRS						
County (6) HUDSON		County Code (7) (STATE USE ONLY)							
Current Use (Prior if being demolished) SWITCH STATION									
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No.							
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.							
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.							
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882							
Telephone No. 732-290-2217		Telephone No. 732-432-8350	License No. 01111						
Start Date (10) 10/23/12		Scheduled Completion Date (11) 10/29/12							
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
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
NORTH RELAY HOUSE		X		ACM ROOFING	500 SF	X			
				TRANSITE PANELS	10 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste 15		Name of Registered Landfill GROWS NORTH			
City, State ELIZABETH, NJ		Disposal Date 10/30/12		City, State MORISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 10/9/2012			



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

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Date of Notification (1) 10/9/2012		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 150 CIRCLE AVE.		City, State, Zip Code CLIFTON, NJ 07011							
Name of Contact CRAIG O'CONNELL		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 EISENHOWER PARKWAY		Square Feet APPX 8500	# of Floors 3						
City (5) ROSELAND		Bldg. Age APPX 78 YRS							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CONTROL HOUSE							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC.						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 10/27/2012		Scheduled Completion Date (11) 10/28/2012	License No. 01111						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.		Street Address 396 WHITEHEAD AVE.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
2ND FLR. MENS LOCKER ROOM		X		THERMAL SYSTEMS INSULAT	100 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 12	Name of Registered Landfill GROWS					
City, State ELIZABETH, NJ		Disposal Date 10/29/2012		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>				Date 10/9/2012	

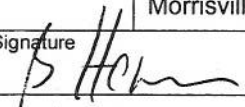


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

2012 OCT 16 4:51 PM

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10-11-2012		Name of Building Owner/Operator (2) Mrs. Weinczyk							
Agencies Notified	Type Notification	Street Address 158 Riverbank Street							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Burlington City, NJ							
		Name of Contact Mr. John Weinczyk	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 158 Riverbank 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) Burlington City, NJ		Square Feet 2,500	# of Floors 2						
County (6) Burlington		Bldg. Age 42							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC		ASCN No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 318 12th Street		Street Address 2115 Hamilton Ave, Suite 202							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone No. 609-704-8850	License No. 01185						
Start Date (10) 10-20-2012	Scheduled Completion Date (11) 10-29-2012	Name of OSHA Monitor J&S Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Basement will be vacated during duration of project</u>		City, State, Zip Code Union, NJ 07083							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Duct Paper	50 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Newark, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Brian Haney		Title President	Signature 			Date 10-11-2012			



**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

*Check # 2767*

Date of Notification (1) 10 / 12 / 12		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 1 HEALTH PLAZA City, State, Zip Code EAST HANOVER, NJ 07936	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact KEN PIROZZI Telephone Number 908-888-1111	

**RECEIVED**  
2012 OCT 16 AM 3:42  
**CONTROL  
LICENSING**

Name of Facility Where Abatement is Taking Place (3) NOVARTIS			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 bldgs., homes, etc.)		
Street Address 1 HEALTH PLAZA			Square Feet N/A		
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	# Of Floors N/A	Building Age 40+	
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMAN ENVIRONMENTAL			Current Use (Prior if being demolished) OFFICE/RESEARCH		
Street Address 1600 ROUTE 22 EAST			Name of Abatement Contractor (9) LVI Environmental Services Inc.		
City, State, Zip Code UNION, NJ 07083			Street Address 462 Getty Avenue		
Project Mngr. For Monitoring Firm MIKE NEHLSSEN			City, State, Zip Code Clifton, NJ 07011		
Telephone Number 908-688-7800			Telephone Number 973-772-3660		
Sched. Start Date (10) 10 / 22 / 12			License Number 00117		
Sched. Completion Date (11) 10 / 26 / 12			Name of OSHA Monitor LVI Environmental Services Inc.		
Occupancy Status During Abatement (Check Only 1) <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: MON-FRI - 7:00AM - 3:30PM			Street Address 462 Getty Avenue		
			City, State, Zip Code Clifton, NJ 07011		

**Scope of Work (Check All That Apply)**

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<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			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	TRANSITE	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA		
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 10/12/12



Paid CK#  
10/12

RECEIVED

REMEMBER - MAIL IN HARD COPY

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

2012 OCT 16 AM 3:48

Date of Notification (1) <b>10-12-12</b>		Name of Building Owner/Operator (2) <b>Gen On</b>		<b>DOL - 10 DAY</b> <b>OCT 12 2012</b> <b>WAIVED</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> PCA		Street Address <b>2 Lower Main St</b>							
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>South Amboy, NJ 08879</b>							
		Name of Contact <b>Matthew Hayes</b>							
<b>ASBESTOS CONTROL &amp; LICENSING</b>									
FACILITY INFORMATION									
Name of Facility where Abatement is Taking Place (3) <b>Werner Generating Station</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>2 Lower Main St</b>				Square Feet <b>240,000</b>	# of Floors <b>7</b>				
City (5) <b>South Amboy</b>				Bldg. Age <b>1929</b>					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>Electrical Power Plant</b>					
Name of Monitoring Firm hired by Building Owner (8) <b>Environmental Tactics</b>			ASCM No.		Name of Abatement Contractor (9) <b>ATEK Remediation Services, LLC.</b>				
Street Address <b>64 Broad St</b>			Street Address <b>PO Box 15050</b>						
City, State, Zip Code <b>Matawan, NJ 07741-2534</b>			City, State, Zip Code <b>Philadelphia, PA 19130</b>						
Project Manager for Monitoring Firm <b>Tom Geiger</b>			Telephone No. <b>609-517-4179</b>		License No. <b>01167</b>				
Start Date (10) <b>10-15-12</b>		Scheduled Completion Date (11) <b>4/30/2012</b>		Name of OSHA Monitor <b>ATC Associates, Inc.</b>					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address <b>104E. 25th St. - 10th Floor</b>					
				City, State, Zip Code <b>New York, NY 10010</b>					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\leq 3$ sf or $\leq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" 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	Encapsulation	Enclosure
Throughout Building			X	See attached ACM Inventory		X			
Name of Registered Waste Hauler <b>Wegle Trucking Co</b>									
NJDEP Waste Hauler ID No. <b>SW2912</b>		Cubic Yards of Waste <b>10B</b>		Name of Registered Landfill <b>Minerva Enterprise, LLC.</b>					
City, State <b>Linden, PA</b>				Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>			
Completed by <b>Tom Rock</b>			Title <b>PM</b>		Signature <b>Thomas Rock</b>		Date <b>10-12-12</b>		