CHECK # 24951

RECEIVED
2012 OCT 18 PM 1:43
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10/15/12	Name of Building Owner/Operator (2): Leon Hoover
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 410 Queensborough Road	
City, State, Zip Code: Haddonfield, NJ	
Name of Contact: Leon Hoover	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 122 Woodlawn Avenue	
City (5): Collingswood, NJ	Square Feet: 2500 # of Floors: 2 Bldg. Age: 60
County (6): Camden	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): Residence

Name of Monitoring Firm Hired by Building Owner (8): MECS	ASCM No.:	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341		Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515		City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: William Weisgarber Jr.	Telephone No.: (609) 298-4070	Telephone No.: (609) 259-9688 License No.: 00493
Start Date (10): 10/25/12	Scheduled Completion Date (11): 10/26/12	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8AM - 4:30PM		Street Address: PO Box 341 City, State, Zip Code: Crosswicks, NJ 08515

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
basement/crawlspace			X	pipe insulation	230 LF	X			

Name of Registered Waste Hauler: Stevens Environmental Services Inc.	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 2 CU	Name of Registered Landfill: T.R.R.F., Inc.
City, State: Allentown, NJ		Disposal Date: 10/26/12	City, State: Tullytown, PA

Completed By: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 10/15/12

ASB-41
MAR 00

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

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

Check #8778

2012 OCT 18 PM 1:42
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-12-12	Name of Building Owner/Operator (2): CDK Properties, Inc.
Agencies Notified: ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 411 Southgate Court
	City, State, Zip Code: Mickleton, NJ 08056
	Name of Contact: Jack Carney
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): 12 Main Street	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 12 Main Street	
City (5): Harrisonville, NJ	Square Feet: 3,000 / # of Floors: 1 / Bldg. Age: 50
County (6): Gloucester / County Code (7) (STATE USE ONLY): _____	Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8): EHS Environmental Inc.	ASCM No.	Name of Abatement Contractor (9): Plymouth Environmental Co.,Inc.
Street Address: 411 Southgate Court,Suite E		Street Address: 923 Haws Avenue
City, State, Zip Code: Mickleton, NJ 08056		City, State, Zip Code: Norristown, PA 19401
Project Manager for Monitoring Firm: Jack Carney / Telephone No.: 856-224-0080		Telephone No.: 610-239-9920 / License No.: 00398
Start Date (10): 10-30-12 / Scheduled Completion Date (11): 11-20-12		Name of OSHA Monitor: Plymouth Environmental Co.,Inc,
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 923 Haws Avenue / City, State, Zip Code: Norristown,PA 19401

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
first floor		x		linoleum	2,100 SF	x			

Name of Registered Waste Hauler: Robinson Waste Disposal	NJDEP Waste Hauler ID No.: 17304	Cubic Yards of Waste: 20	Name of Registered Landfill: Tullytown Resource Recovery
City, State: Bellmawr, NJ		Disposal Date: 11-20-12	City, State: Tullytown,PA

Completed by: James Kelly	Title: President	Signature: James Kelly	Date: 10-12-12

ASB-41 (R-06-08)

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Emergency

Check #835

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

RECEIVED DOL - 10 DAY

REMEMBER – MAIL IN HARD COPY

ASBESTOS CONTROL
APPROVED
TRENTON, NJ 08625

Date of Notification (1): 10/15/12

Name of Building Owner/Operator (2): RJ Construction Services

Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA

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

Street Address: 936 10th Street

City, State, Zip Code: Gloucester City NJ 08030

Name of Contact: Jamie McGee

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Single Family Dwelling

Street Address: 457 Browning Lane

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

City (5): Cherry Hill NJ

Square Feet:

# of Floors: 2

Bldg. Age: 60+-

County (6): Camden

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): Single family Dwelling

Name of Monitoring Firm Hired by Building Owner (8): EPC Tech

ASCM No.: N/A

Name of Abatement Contractor (9): EPC Technologies

Street Address: P.O. Box 337

Street Address: P.O. Box 337

City, State, Zip Code: New Egypt NJ 08533

City, State, Zip Code: New Egypt NJ 08533

Project Manager for Monitoring Firm: Steve Schenker

Telephone No.: 609 758-3565

Telephone No.: 609 758-3565

License No.: 00394

Start Date (10): 10-17-12

Scheduled Completion Date (11): 10-19-12

Name of OSHA Monitor: EPC Technologies

Occupancy Status During Abatement (Check Only One)

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

Street Address: P.O. Box 337

City, State, Zip Code: New Egypt NJ 08533

Scope of Work (Check All That Apply)

☒ 59 sf or 83 lf
☒ 2160 sf or 2400 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior Windows			X	Glazing/Caulk	450 LF	X			
Living room		X		exterior Duct Lining	5 SF	X			
Sewer Room		X		heat Shield	8 SF	X			
Crawlspace/Basement	X			Flue Patch + heat Shield	25 SF	X			

Name of Registered Waste Hauler: EPC Tech.

NJDEP Waste Hauler ID No.: 17000

Cubic Yards of Waste: 6

Name of Registered Landfill: Waste Management

City, State: NE NJ

Disposal Date: 10/17/12

City, State: Morrisville PA

Completed by: Steve Schenker

Title: President

Signature: SD Schenker

Date: 10/15/12

ASB-41 (R-06-08)

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RECEIVED
2012 OCT 18 PM 1:41
ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to BEA 4:18:60 and 12:120)

(1) Date of Notification: 10-16-12

Agencies Notified:
- [ ] EPA
- [ ] OSHA
- [x] DOH
- [ ] DCA

Type Notification:
- [x] Initial
- [ ] Amended/Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

(2) Name of Building Owner/Operator: LAFAYETTE MANAGEMENT
Street Address: P.O. Box 785
City, State, Zip Code: UNION CITY NJ 07083
Name of Contact: George
Telephone Number:

FACILITY INFORMATION

(3) Name of Facility Where Abatement is Taking Place: LAFAYETTE MANAGEMENT
Street Address: 60 GLENWOOD AVE
(5) City: JERSEY CITY
(6) County: HUDSON
County Code (7) (STATE USE ONLY):

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

Square Feet: 8000
# of Floors: 9
Bldg. Age: 80
Current Use (Prior if being demolished): APT BLDG

(8) Name of Monitoring Firm Hired by Building Owner: ASCM No.
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm: Telephone No.

(9) Name of Abatement Contractor: ACE INSULATION Co Inc
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732-294-1757
License No.: 00624

(10) Start Date: 10-25-12
(11) Scheduled Completion Date: 11-2-12
Name of OSHA Monitor: ACE INSULATION Co Inc
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 9AM - 7PM

Scope of Work (Check all that apply)
- [x] < 35 sf or 23 lf
- [ ] >160 sf or >260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	(12) Is Location Normally Used Solely by Maintenance/ Custodial Staff? Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted (*)
BASEMENT				PIPE	80 LF	x			

Name of Registered Waste Hauler: ACE INSULATION Co INC
MDEP Waste Hauler ID No.: 17-0516
City, State: COLTS NECK NJ 07722
Cubic Yards of Waste: 1
Disposal Date: 11-2-12
Name of Registered Landfill: EQSI
City, State: BETHLEHEM PA

Completed By: Scott GALE
Title: OPS MGR
Signature:
Date: 10-16-12

ASB-11

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

RECEIVED
2012 OCT 18 PM 1:41
ASBESTOS CONTROL & LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 10-16-12

Agencies Notified: [X] DEP [ ] EPA [X] DOH [ ] HUD

Type Notification: [X] Initial [ ] Amended Amendment # [ ] Emergency (including justification) [ ] Cancellation

Name of Building Owner/Operator (2): LAFAYETTE MANAGEMENT

Street Address: P.O. Box 785

City, State, Zip Code: UNION CITY NJ 07087

Name of Contact: DANNY

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): LAFAYETTE MANAGEMENT

Street Address: 176 FAIRVIEW AVE

City (5): JERSEY CITY

County (6): HUDSON

County Code (7) (STATE USE ONLY):

Type of Facility (4): [ ] School (K-12) [ ] Subchapter II (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 4500 | # of Floors: 3 | Bldg. Age: 70

Current Use (Prior if being demolished): APT BLDG

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Telephone No.: 732-294-1757

License No.: 002294

Start Date (10): 10-25-12

Scheduled Completion Date (11):

Name of OOHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)

[ ] Facility Closed/Vacated During Entire Period of Abatement

[ ] Abatement Performed Outside of Normal Facility Hours

[X] Other - Describe: 9AM - 7PM

Scope of Work (Check all that apply)

[X] < 35 or ≥35 ft

[X] 160 sf or ≥260 ft

[X] Renovation

[ ] Demolition

[ ] Full Containment with Negative Pressure

[ ] Mini-Enclosure

[X] Glovebag Procedure

[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted
BASEMENT				PIPE	100 LF	X			

Name of Registered Waste Hauler: ACE INSULATION CO INC

MDEP Waste Hauler ID No.: 17-0926

Cubic Yards of Waste:

Disposal Date:

Name of Registered Landfill: EES

City, State: BETHLEHEM PA

City, State: COLTS NECK NJ 07722

Completed By: SANDY GALE

Title: OFFICE MGR

Signature: Sandy Gale

Date: 10-16-12

ASM 11

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CK# RECEIVED

2012 OCT 18 PM 1:44

ASBESTOS MANAGEMENT & CONTROL LICENSING

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT*

(Pursuant to NJAC 8:60 and 12:120)

(1) Date of Notification: 10-16-12

Agencies Notified:
- [ ] EPA
- [ ] DEP
- [X] DOH
- [ ] OSHA

Type Notification:
- [X] Initial
- [ ] Amended Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

(2) Name of Building Owner/Operator: LAFAYETTE MANAGEMENT

Street Address: P.O. Box 785

City, State, Zip Code: UNION CITY NJ 07087

Telephone No.

Name of Contact: SERGIO

FACILITY INFORMATION

(3) Name of Facility Where Abatement is Taking Place: LAFAYETTE MANAGEMENT

Street Address: 2695 KENNEDY BLVD

City (5): JERSEY CITY

County (6): HUDSON

County Code (7) (STATE USE ONLY)

(4) Type of Facility:
- [ ] School (K-12)
- [ ] Subchapter II (Other than K-12)
- [X] Office (i.e., private & commercial buildings, homes, etc.)

Square Feet: 8000 | # of Floors: 4 | Bldg. Age: 80

Current Use (Prior it being demolished): APT BLDG

(8) Name of Monitoring Firm Hired by Building Owner: | ASCM No.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm | Telephone No.

(9) Name of Abatement Contractor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: CEDAR GROVE NJ 07009

Telephone No.: 732-214-1757 | License No.: 002294

(10) Start Date: 10-25-12

(11) Scheduled Completion Date: 11-3-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONTROSE RD

City, State, Zip Code: CEDAR GROVE NJ 07009

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [ ] Other - Describe: 9AM - 7PM

Scope of Work (Check all that apply)
- [ ] 35 or >35 ft
- [X] 160 sf or >260 ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	(14) Is Location Normally Used Solely by Maintenance/ Custodial Staff? Yes	No	N/A	(15) Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	(16) Amount (Specify SF or LF)	(17) Abatement Type: Glovebag	Other	Enclosure
BASEMENT				PIPE	500 LF	X		

(18) Name of Registered Waste Hauler: ACE INSULATION CO INC | NJDEP Waste Hauler ID No.: 034616

City, State: CEDAR GROVE NJ 07009

Cubic Yards of Waste: 2

Disposal Date: 11-3-12

Name of Registered Landfill: EESI

City, State: BETHLEHEM PA

Completed By: SCOTT HALE | Title: OPS MGR | Signature: Scott Hale | Date: 10-16-12

ASM 11

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CIR #

RECEIVED
2012 OCT 18 PM 1:47
ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:66 and 12:120)

Date of Notification (1): 10-16-12

Agencies Notified:
[ ] EPA
[ ] DEP
[X] DOH
[ ] OSHA

Type Notification:
[X] Initial
[ ] Amended
Amendment #
[ ] Emergency (including justification)
[ ] Cancellation

Name of Building Owner/Operator (2): LAFAYETTE MANAGEMENT

Street Address: P.O. Box 785

City, State, Zip Code: UNION CITY NJ 07087

Name of Contact: TONY

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): LAFAYETTE MANAGEMENT

Street Address: 1310-1312 PALISADES AVE

City (5): UNION CITY

County (6): HUDSON

County Code (7) (STATE USE ONLY):

Type of Facility (4):
[ ] School (K-12)
[ ] Public/Parochial (Other than K-12)
[X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 7000

# of Floors: 3

Bldg. Age: 80

Current Use (Prior if being demolished): APT BLDG

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.:

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.:

Name of Abatement Contractor (9): ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: CLIFTON NJ 07011

Telephone No.: 732-294-1757

License No.: 00829

Start Date (10): 10-25-12

Scheduled Completion Date (11): 11-1-12

Name of OSHA Monitor: ACE INSULATION CO INC

Street Address: 95 MONROE RD

City, State, Zip Code: CLIFTON NJ 07011

Occupancy Status During Abatement (Check only one)
[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[ ] Other - Describe: 9AM - 7PM

Scope of Work (Check all that apply)
[ ] < 51 or ≥3 ft
[ ] ≥160 sf or ≥260 lf
[X] Renovation
[ ] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Mini-Enclosure	Full Containment	Non-Exempted (*) and Non-Friable
Boiler Rm				PIPE	200 LF	✓			

Name of Registered Waste Hauler: ACE INSULATION CO INC

NJDEP Waste Hauler ID No.: 17456

Cubic Yards of Waste: 2

Disposal Date:

Name of Registered Landfill: EESE

City, State: CLIFTON NJ 07011

City, State: BETHLEHEM PA

Completed By: Sandy BALL

Title: OPS MGR

Signature: Sandy Ball

Date: 10-16-12

ASH-11

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

CK# 1646

RECEIVED
2012 OCT 18 PM 1:41
ASBESTOS CONTROL & LICENSING

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

(1) Date of Notification: 10-16-12

Agencies Notified:
- [X] NJDEP
- [X] OSHA
- [X] HUD
- [ ] DOH
- [ ] EPA

Type Notification:
- [X] Initial
- [ ] Amended
  Amendment #:
- [ ] Emergency (including justification)
- [ ] Cancellation

(2) Name of Building Owner/Operator: LAFAYETTE MANAGEMENT
Street Address: P.O. Box 785
City, State, Zip Code: UNION CITY NJ 07087
Name of Contact: LARRY
Telephone Number:

FACILITY INFORMATION

(3) Name of Facility Where Abatement is Taking Place: LAFAYETTE MANAGEMENT
Street Address: 5 GARDENER AVE
City (5): JERSEY CITY
County (6): HUDSON
County Code (7) (STATE USE ONLY):

(4) Type of Facility:
- [ ] School (K-12)
- [ ] Subchapter R (Other than K-12)
- [X] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet: 5000
# of Floors: 3
Bldg. Age: 75
Current Use (Prior if being demolished): APT BLDG

(8) Name of Monitoring Firm Hired by Building Owner:
ASCM No.:
Street Address:
City, State, Zip Code:
Project Manager for Monitoring Firm:
Telephone No.:

(9) Name of Abatement Contractor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722
Telephone No.: 732 294 1757
License No.: 00629

(10) Start Date: 10-25-12
(11) Scheduled Completion Date: 11-1-12
Name of OSHA Monitor: ACE INSULATION CO INC
Street Address: 95 MONTROSE RD
City, State, Zip Code: COLTS NECK NJ 07722

Occupancy Status During Abatement (Check only one)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other - Describe: 7AM - 7PM

Scope of Work (Check all that apply)
- [X] < 51 or ≥3 ft
- [ ] ≥160 sf or ≥260 ft
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

(13) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	(12) Is Location Normally Used Solely by Maintenance/ Custodial Staff? Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Glovebag	Mini-Enclosure	Full Containment	Non-Friable
BOILER RM				PIPE	150 LF	X			

(14) Name of Registered Waste Hauler: ACE INSULATION CO INC
NJDEP Waste Hauler ID No.: 17656
Cubic Yards of Waste: 3
Name of Registered Landfill: EES
City, State: COLTS NECK NJ 07722
Disposal Date: 11-1-12
City, State: BETHLEHEM PA

Completed By: JACOB GALE
Title: OPS MGR
Signature: Jacob Gale
Date: 10-16-12

ASM-01

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

Print Form

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

RECEIVED
2012 OCT 18 PM 1:41
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/15/12 Ck:2305 $200	Name of Building Owner/Operator (2): New Brunswick Board of Education
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [X] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 268 Baldwin Street 3rd Fl
	City, State, Zip Code: New Brunswick, New Jersey 08901
	Name of Contact: Harold Goodlow, Jr — Telephone No. [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): New Brunswick Middle School			Type of Facility (4): [X] School (K-12) [ ] Subchapter 8 (Other than K-12) [ ] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1025 Livingston Avenue			
City (5): New Brunswick, New Jersey 08901		Square Feet: 20,000	# of Floors: 2 / Bldg. Age: 55+
County (6): Middlesex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Middle School

Name of Monitoring Firm Hired by Building Owner (8): AHERA Consultants Inc.	ASCM No.	Name of Abatement Contractor (9): Lilich Corporation	
Street Address: PO Box 385		Street Address: 606 McBride Avenue	
City, State, Zip Code: Oceanville, New Jersey 08231		City, State, Zip Code: Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm: Eric Clarkson	Telephone No.: 609-652-1833	Telephone No.: 973-225-8400	License No.: 01104
Start Date (10): 11/02/12	Scheduled Completion Date (11): 11/04/12	Name of OSHA Monitor: J&S Environmental Labs	

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [X] Other – Describe: Fri 3:30pm-12am, Sat & Sun 7am-3:30pm

Street Address: 2333 Route 22 West
City, State, Zip Code: Union, New Jersey 07083

Scope of Work (Check All That Apply)
- [X] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [X] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [X] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Fl Hallway&AuditoriumFanRm		X		Asbestos Fittings & Fiberglass	25 each	X			

Name of Registered Waste Hauler: Lilich Corporation	NJDEP Waste Hauler ID No.: 18724	Cubic Yards of Waste: 2	Name of Registered Landfill: G.R.O.W.S Landfill
City, State: Woodland Park, New Jersey 07424		Disposal Date: 11/06/12	City, State: Morrisville, Pennsylvania

Completed by: Tatiana Kalenikova	Title: Vice President	Signature: Tatiana Kalenikova	Date: 10/15/12

ASB-41 (R-06-08)

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

CK 20791

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
2012 OCT 18 PM 1:46
ASBESTOS CONTROL & LICENSING

Date of Notification (1): October 15, 2012	Name of Building Owner/Operator (2): Ciel Power
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA Type of Notification: [ ] Initial Notification; [ ] Amended Notification Amendment #_____; [x] Emergency (including justification); [ ] Cancellation	Street Address: 160 Chubb Avenue, Suite 204 City, State, ZipCode: Lyndhurst, NJ 07071 Name of Contact: Steven Little Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residence			Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k12); [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address: 237 Orchard Place					
City: Ridgewood	County (6): Bergen	County Code (7) (STATE USE ONLY):	Square feet: 2000 sf	# of Floors: 2	Bldg. Age: 60
			Current Use (Prior if being demolished): Residence		

Name of Monitoring Firm Hired by Building Owner (8): Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.	
Street Address: 1889 Rte. 9, Unit 61		Street Address: 1889 Route 9, Unit 61	
City, State, Zip Code: Toms River, NJ 08755		City, State, Zip Code: 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): 10/30/12	Scheduled Completion Date (11): 10/31/12	Name of OSHA Monitor: E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one): [x] Facility Closed/Vacated During Entire Period of Abatement; [ ] Abatement Performed Outside of Normal Facility Hours; [ ] Other – Describe_____		Street Address: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

[x]	>3 sf or ≥3 lf	[x]	Renovation	[ ]	Full Containment with Negative Pressure
[ ]	≥160 sf or ≥260 lf	[ ]	Demolition	[ ]	Mini-Enclosure
				[x]	Glovebag Procedure
				[ ]	Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Basement & garage		X		Asbestos pipe insulation	40lf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 11/01/12	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nicholas Fernicola	Date: 10/15/2012

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

RECEIVED 20790
2012 OCT 18 PM 1:39
ASBESTOS CONTROL & LICENSING

Date of Notification (1): October 15, 2012	Name of Building Owner/Operator (2): Rich-Mark Contracting, Inc.
Agencies Notified: [x] EPA; [ ] DEP; [x] DOL; [x] DOH; [ ] DCA Type of Notification: [x] Initial Notification; [ ] Amended Notification Amendment #_____; [ ] Emergency (including justification); [ ] Cancellation	Street Address: P O Box 124 City, State, ZipCode: Toms River, NJ 08754 Name of Contact: Mark Tucker Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Office Building	Type of Facility (4): [ ] School (k-12); [ ] Subchapter 8 (other than k12); [x] Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 3037 Daniel Bray Highway	
City: Kingwood; County (6): Hunterdon; County Code (7) (STATE USE ONLY)	Square feet: 1500 sf; # of Floors: 1; Bldg. Age: 60
	Current Use (Prior if being demolished): Office Building
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management; ASCM No.	Name of Abatement Contractor (9): Guardian Contracting, Inc.
Street Address: 344 West State Street	Street Address: 1889 Route 9, Unit 61
City, State, Zip Code: Trenton, NJ 08618	City, State, Zip Code: Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm: William Weisgarber, Jr.; Telephone Number: 609-656-8101	Telephone Number: 732-349-9932; License Number: 00624
Scheduled Start Date (10): 10/30/12; Scheduled Completion Date (11): 10/31/12	Name of OSHA Monitor: E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe_____	Street Address: 1056 Stelton Road City, State, Zip Code: Piscataway, New Jersey 08854
Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf; [x] ≥160 sf or ≥260 lf [ ] Renovation; [x] Demolition	[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES	NO	N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
Exterior		X		Roofing	480 sf	X			
1st floor bathroom		X		Linoleum	54 sf	X			
1st floor living room/kitchen		X		Sink coating	6 sf	X			

Name of Registered Waste Hauler: Guardian Contracting, Inc.	NJDEP Waste Hauler ID No.: 20223	Cubic Yards of Waste: 3	Name of Registered Landfill: T.R.R.F.
City, State: Toms River, New Jersey	Disposal Date: 11/01/12	City, State: Tullytown, Pennsylvania	
Completed by (Print or Type): Nicholas Fernicola	Title: Project Manager	Signature: Nicholas Fernicola	Date: 10/15/2012

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

No Check

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

RECEIVED
2012 OCT 18 PM 1:38
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 13 / 12		Name of Building Owner/Operator (2): Trustees of Princeton University	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2-10/15/12 ☐ Emergency (including justification) ☐ Cancellation	Street Address: E.A. MacMillian Building	
		City, State, Zip Code: Princeton, NJ 08544	
		Name of Contact: Robert Ortega	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Elementary Particle Lab-Building 25		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: Faculty Rd			
City (5): Priceton		Square Feet: 11,000	# of Floors: 1 / Bldg. Age: 60+
County (6): MERCER	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): MRI Suite and storage	

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates, Inc.	ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 3 Terri Lane		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael R Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 9 / 27 / 12	Scheduled Completion Date (11): 10 / 17 / 12	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM		Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor -Workarea #1	☐	☒	☐	Floor tile and mastic	355 SF	☒	☐	☐	☐
1st Floor- Workarea #1	☐	☒	☐	Transite panels	1,200 SF	☒	☐	☐	☐
1St Floor- Workarea #1	☐	☒	☐	Pipe and fitting insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No.: 18706	Cubic Yards of Waste	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL
City, State: BRISTOL, PA 19007		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro/jl	Date: 10/15/12

ASB-41
MAY 11 BS12093-B

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
2012 OCT 18 PM 1:38
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 13 / 12	Name of Building Owner/Operator (2): Trustees of Princeton University
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-10/5/12 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: E.A. MacMillian Building
	City, State, Zip Code: Princeton, NJ 08544
	Name of Contact: Robert Ortega — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Elementary Particle Lab-Building 25	Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: Faculty Rd	
City (5): Priceton	Square Feet: 11,000 — # of Floors: 1 — Bldg. Age: 60+
County (6): MERCER — County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): MRI Suite and storage

Name of Monitoring Firm Hired by Building Owner (8): ATC Associates, Inc. — ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 3 Terri Lane	Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Burlington, NJ 08016	City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Michael R Keehn — Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 9 / 27 / 12 — Scheduled Completion Date (11): 10 / 15 / 12	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/_____PM-_____AM	Street Address: 1123 BEAVER STREET — City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor -Workarea #1	☐	☒	☐	Floor tile and mastic	355 SF	☒	☐	☐	☐
1st Floor- Workarea #1	☐	☒	☐	Transite panels	1,200 SF	☒	☐	☐	☐
1st Floor- Workarea #1	☐	☒	☐	Pipe and fitting insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: BRISTOL ENVIRONMENTAL, INC. — NJDEP Waste Hauler ID No.: 18706	Cubic Yards of Waste	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL	
City, State: BRISTOL, PA 19007	Disposal Date	City, State: MORRISVILLE, PA 19067	
Completed By (Print or Type): Brian Scafiro — Title: Estimator — Signature: Brian Scafiro /jl — Date: 10/5/12			

ASB-41
MAY 11 BS 12093 - B

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

RECEIVED Cr #2343
2012 OCT 18 PM 1:38
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 13 / 12		Name of Building Owner/Operator (2): Trustees of Princeton University	
Agencies Notified: ☒ EPA 6734 ☒ DOLWD 6758 ☒ DHSS 6741 ☒ DCA 6727 (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: E.A. MacMillian Building	
		City, State, Zip Code: Princeton, NJ 08544	
		Name of Contact: Robert Ortega	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Princeton University-Elementary Particle Lab-Building 25			Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: Faculty Rd				
City (5): Priceton			Square Feet: 11,000	# of Floors: 1 / Bldg. Age: 60+
County (6): MERCER	County Code (7)(STATE USE ONLY):		Current Use (Prior if being demolished): MRI Suite and storage	
Name of Monitoring Firm Hired by Building Owner (8): ATC Associates, Inc.	ASCM No.: 00098	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.		
Street Address: 3 Terri Lane		Street Address: 1123 BEAVER STREET		
City, State, Zip Code: Burlington, NJ 08016		City, State, Zip Code: BRISTOL, PA 19007		
Project Manager for Monitoring Firm: Michael R Keehn	Telephone No.: 609-386-8800	Telephone No.: 215-788-6040	License No.: 00509	
Start Date (10): 9 / 27 / 12	Scheduled Completion Date (11): 10 / 8 / 12	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.		
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address: 1123 BEAVER STREET		
		City, State, Zip Code: BRISTOL, PA 19007		

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor -Workarea #1	☐	☒	☐	Floor tile and mastic	355 SF	☒	☐	☐	☐
1st Floor- Workarea #1	☐	☒	☐	Transite panels	1,200 SF	☒	☐	☐	☐
1St Floor- Workarea #1	☐	☒	☐	Pipe and fitting insulation	30 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No.: 18706	Cubic Yards of Waste	Name of Registered Landfill: G.R.O.W.S. NORTH LANDFILL
City, State: BRISTOL, PA 19007		Disposal Date	City, State: MORRISVILLE, PA 19067

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro	Date: 9/13/12

ASB-41

Print Form

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

RECEIVED #4361
2012 OCT 18 PM 1:37
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-16-2012	Name of Building Owner/Operator (2): Legow Management
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 160 S. Livingston Ave.
	City, State, Zip Code: Livingston, NJ 07039
	Name of Contact: John / Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Spring Manor Apartments	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1911 Greve Ave.	
City (5): Spring Lake Heights	Square Feet: / # of Floors: / Bldg. Age: 50+
County (6): Monmouth / County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Apartment Unit
Name of Monitoring Firm Hired by Building Owner (8): n/a / ASCM No.: n/a	Name of Abatement Contractor (9): Jadar Contracting LLC
Street Address: n/a	Street Address: 22 Troy Lane
City, State, Zip Code: n/a	City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: n/a / Telephone No.: n/a	Telephone No.: 973-706-7950 / License No.: 01088
Start Date (10): 10/27/2012 / Scheduled Completion Date (11): 10/28/2012	Name of OSHA Monitor: Jadar Contracting LLC
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 9 am - 5 pm	Street Address: 22 Troy Lane / City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler: Jadar Contracting, LLC	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville PA 19067

Completed by: Lillie Lazarevich	Title: Secretary	Signature: Lillie Lazarevich	Date: 10-16-2012

ASB-41 (R-06-08)

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

Print Form

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

CK# 4324
RECEIVED
2012 OCT 18 PM 1:37
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-16-2012	Name of Building Owner/Operator (2): Legow Management
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 160 S. Livingston Ave.
	City, State, Zip Code: Livingston, NJ 07039
	Name of Contact: John — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Apartment # 1907 A			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1907A Greve Ave.			
City (5): Spring Lake Heights		Square Feet	# of Floors / Bldg. Age: 50+
County (6): Monmouth	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Apartment Unit
Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a		Name of Abatement Contractor (9): Jadar Contracting LLC
Street Address: n/a			Street Address: 22 Troy Lane
City, State, Zip Code: n/a			City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 973-706-7950	License No.: 01088
Start Date (10): 10/27/2012	Scheduled Completion Date (11): 10/28/2012		Name of OSHA Monitor: Jadar Contracting LLC
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 9 am - 5 pm			Street Address: 22 Troy Lane; City, State, Zip Code: Lincoln Park, NJ 07035

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Kitchen			X	VAT	78 SF	X			

Name of Registered Waste Hauler: Jadar Contracting, LLC	NJDEP Waste Hauler ID No.: 0033137	Cubic Yards of Waste: TBD	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lincoln Park, NJ 07035		Disposal Date: TBD	City, State: Morrisville PA 19067

Completed by: Lillie Lazarevich	Title: Secretary	Signature: Lillie Lazarevich	Date: 10-16-2012

ASB-41 (R-06-08)

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

CHECK # 2424

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

RECEIVED
2012 OCT 18 PM 1:36
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/15/12	Name of Building Owner/Operator (2): DRC CONTRACTING
Agencies Notified: ☒ EPA ☒ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 661 RT. 9
	City, State, Zip Code: CAPE MAY, N.J.
	Name of Contact: SAME

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: 401 ATLANTIC AVE.	Square Feet: 1000 # of Floors: 2 Bldg. Age: 40+
City (5): NORTH CAPE MAY	
County (6): CAPE MAY	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A ASCM No.	Name of Abatement Contractor (9): KLEMCO INC.
Street Address:	Street Address: 369 S. SPRUCE AVE.
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE, NJ 08052
Project Manager for Monitoring Firm: Telephone No.:	Telephone No.: 856-779-0422 License No.: 00444
Start Date (10): 10/26/12 Scheduled Completion Date (11): 11/3/12	Name of OSHA Monitor: JOSEPH KLEMM
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: 369 S. SPRUCE AVE.
	City, State, Zip Code: MAPLE SHADE, N.J. 08052

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM), (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation	Enclosure
SIDING			X	TRANSITE	2000 LF	X			

Name of Registered Waste Hauler: KLEMCO INC.	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste: 5	Name of Registered Landfill: C.M.C.M.U.A.
City, State: MAPLE SHADE, NJ 08052		Disposal Date:	City, State: WOODBINE, N.J.
Completed By: JOSEPH KLEMM	Title: OWNER	Signature: Joseph Klemm	Date: 10/15/12

ASB-41

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10-23-12 08:31 FROM-

CK 2376

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BUREAU OF ASBESTOS CONTROL & LICENSING

State of New Jersey

ASBESTOS HAZARD ABATEMENT NOTIFICATION
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 10-11-12	Name of Building Owner/Operator (2): JTWD Holdings LLC
Agency Notified: ☐ EPA ☐ DEP ☐ DCL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation
Street Address: 90 Brian Patch Lane	
City, State, Zip Code: Sewell NJ 08080	
Name of Contact: Mr Styer	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Resident	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 5 (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 10 N 32nd ~~Street~~ Ave	
City (5): Longport NJ	Square Feet: 1600. # of Floors: 2 Bldg. Age: 70
County (6): Ocean	County Code (7) (STATE USE ONLY): Current Use (Prior if being demolished): Resident

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ANI JOE LLC
Street Address		Street Address: 1212 Burlington Ave
City, State, Zip Code		City, State, Zip Code: Delanco NJ 08075
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 856 8240971 License No.: 01070

Start Date (10): 10-24-12	Scheduled Completion Date (11): 10-30-12	Name of OSHA Monitor
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe:		Street Address
		City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
outside.				Siding (ACM)	2200 Sq Ft	✓			

Name of Registered Waste Hauler: J Robinson Waste	NJDEP Waste Hauler ID No.: 28876	Cubic Yards of Waste: 3	Name of Registered Landfill: WM of PA
City, State: Bellmawr NJ		Disposal Date: TBD	City, State: Tullytown Pa

Completed by: Joe Hill	Title: VP	Signature:	Date: 10-

ASB-41

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

RECEIVED 1422
2012 OCT 18 PM 1:35
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/03/2012	Name of Building Owner/Operator (2): Essex County Improvement Authority
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 27 Wright Way, Building M City, State, Zip Code: Fairfield, NJ 07004
Name of Contact: Craig Polizzi	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Essex County Airport, Hangar P			Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 165 Passaic Ave			
City (5): Fairfield	Square Feet: 2,500	# of Floors: 1	Bldg. Age: +60
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____		Current Use (Prior if being demolished): Hanger

Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): First Phase Group Inc	
Street Address: N/A		Street Address: 567 52nd Street Suite # 16	
City, State, Zip Code: N/A		City, State, Zip Code: West New York, NJ 07093	
Project Manager for Monitoring Firm: N/A	Telephone No.	Telephone No.: 201-758-7158	License No.: 01144
Start Date (10): 10/05/2012	Scheduled Completion Date (11): 10/06/2012	Name of OSHA Monitor: J&S Environmental	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: 2333 Route 22 West City, State, Zip Code: Union NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior			x	transite	30SF	x			

Name of Registered Waste Hauler: Asbestos Transportation Company	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley, NJ 11967		Disposal Date	City, State: Waynesburg OH 44688

Completed by: Edwin Precilla	Title: Project Manager	Signature: Edwin Precilla	Date: 10/03/2012

ASB-41 (R-06-08)

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

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

RECEIVED check #1142
2012 OCT 18 PM 1:35
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9/26/2012	Name of Building Owner/Operator (2): private property
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 375 Route 22 East
	City, State, Zip Code: Springfield NJ 07081
	Name of Contact: Danny — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 375 Route 22 East			
City (5): Springfield NJ		Square Feet: 19000	# of Floors: 1 — Bldg. Age: +50
County (6): Union	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Stores	
Name of Monitoring Firm Hired by Building Owner (8): n/a	ASCM No.: n/a	Name of Abatement Contractor (9): First Phase Group Inc	
Street Address: n/a		Street Address: 567 52nd street suite#16	
City, State, Zip Code: n/a		City, State, Zip Code: West New York NJ 07093	
Project Manager for Monitoring Firm: n/a	Telephone No.: n/a	Telephone No.: 201-758-7158	License No.: 001144
Start Date (10): 10-8-2012	Scheduled Completion Date (11): 10-22-2012	Name of OSHA Monitor: J&S Environmental Corp	
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: 8 Hours		Street Address: 2333 Route 22 West	
		City, State, Zip Code: Union NJ 07083	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Roof			x	roofing material	4100SF	x			
1st floor			x	disco electric store 4	96SF	x			
1st floor			x	disco electric store 4	600SF	x			
1st floor			x	Store #3	2350SF	x			

Name of Registered Waste Hauler: asbestos transportation Company	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley NJ 11967		Disposal Date	City, State: Waynesburg OH 44688

Completed by: Edwin Precilla	Title: Project Manager	Signature: Edwin Precilla	Date: 9-26-2012

ASB-41 (R-06-08)

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

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CK# 9893

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2012 OCT 18 PM 1:34

ASBESTOS CONTROL & LICENSING

Date of Notification (1): **October 15, 2012**	Name of Building Owner/Operator (2): **Tilcon New York**
Agencies Notified: X EPA; DCA; x DOL; X DEP; x DOH	Notification Type: ☒ Initial Notification; ☐ Amended Certification; ☐ Emergency (including justification); ☐ Cancelled	Street Address: **625 Mount Hope Road**
		City, State, Zip Code: **Wharton, NJ**
		Name of Contact: **Mr. Richard Trynoski** — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): **Old Quarry- Lot 5.05 Block 20001**	Type of Facility (4): ☐ School (K-12); ☐ Subchapter 8 (other than K-12); ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: **625 Mount Hope Road**	Sq. Feet: **Unknown** # of Floors: **1** Bldg. Age: **70years**
City (5): **Wharton** — County (6): **Morris** — County Code (7) (State Use Only):	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8): **S & S Environmental Sciences** — ASCM No.: **00079**	Name of Contractor (9): **GREENWOOD ABATEMENT CONSULTANTS, INC.**
Street Address: **98 Sand Park Road**	Street Address: **268 MAIN STREET**
City, State, Zip Code: **Cedar Grove**	City State, ZipCode: **Butler, NJ 07405**
Project Manager for Monitoring Firm: **PK Khaitan** — Telephone Number:	Telephone Number: **973-492-0477** — License Number: **00840**
Scheduled Start Date (10): **October 25, 2012** — Scheduled Completion Date (11): **December 31, 2012**	Name of OSHA Monitor: **EMSL inc.**
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: **Vacant Structures**	Street Address: **1056 Stelton Road**; City, State, Zip Code: **Piscataway, NJ 08854**

Source of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 — Renovation; Demolition — xFull Containment with Negative Pressure; Mini-Enclosure; xGlovebag Procedure; x Non-Exempted (*) and Non-Friable 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 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encap	Enclose
Boiler Room			☒	**TSI**	**600LF**	☒			
Boiler Room			☒	**Mechanical**	**1,000 SF**	☒			
Exterior Conveyors			☒	**Transite Board**	**24,000SF**	☒			
Exterior			☒	**TSI**	**2,000 LF**	☒			

Name of Reg. Waste Hauler: See Hauler Below # 1 & 2	NJDEP Waste Hauler ID #: See Below	Cubic Yards of Waste: **200**	Name of Registered Landfill: **Meadowfill Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Disposal Date: **December 31, 2012**

City, State: Route 2, Box 68, Bridgeport, WVA, 304-842-2784

Completed by (Print or Type)	Title	Signature	Date
Marin Graure	**SENIOR PROJECT MANAGER**	*Marin Graure*	**October 15, 2012**

GAC # 2011-300

CK 8000

Check # 7957
8000

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

RECEIVED
2012 OCT 18 AM 7:53
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/9/12	Name of Building Owner/Operator (2): FCA CONSTRUCTION / LIFE TIME FITNESS
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 3 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2902 CORPORATE PLACE
	City, State, Zip Code: CHANHASSEN, MN 55317
	Name of Contact: DAVE
	Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FORMER BMW HEADQUARTERS	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 BMW PLAZA	
City (5): MONTVALE	Square Feet: 130,000 / # of Floors: 2 / Bldg. Age: 50
County (6): BERGEN / County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address		Street Address: 105 Lowell Road
City, State, Zip Code		City, State, Zip Code: Glen Rock, N.J. 07452
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841 / License No.: 00156
Start Date (10): 10/12/12	Scheduled Completion Date (11): 10/15/12	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe:		Street Address: 280 Huyler Street / City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
OFFICE AREA			X	VAT & MASTIC	4,400 SF	X			
ROOF			X	FLASHING	10,350 SF	X			
OUTSIDE WALL			X	TAR/WATERPROOFING	15,000 SF	X			
THROUGHOUT			X	FIRE DOORS (15)	280 SF	X			

Name of Registered Waste Hauler: ENVIRONMENTAL TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.: NJS-7107	Cubic Yards of Waste: 80	Name of Registered Landfill: MINERVA LANDFILL LLC
City, State: FLANDERS, NJ 07836		Disposal Date: 8/22/12 ou	City, State: WAYNESBURG OHIO 44688

Completed by: R. McDonald	Title: President	Signature: R McDonald	Date: 10/12/12

ASB-41 (R-08-05)

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

7011 3500 0003 3821 5788

F OIL F Doit 9/14 10/12

Check # 7957

✳ POSTPONE

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

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2012 OCT 18 PM 1:33
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8/9/12	Name of Building Owner/Operator (2): FCA CONSTRUCTION - LIFE TIME FITNESS
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment # 2 [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 2902 CORPORATE PLACE
	City, State, Zip Code: CHANHASSEN, MN 55312
	Name of Contact: DAVE — Telephone No.

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): FORMER BMW HEADQUARTERS	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1 BMW PLAZA	
City (5): MONTVALE	Square Feet: 130,000 — # of Floors: 2 — Bldg. Age: 50
County (6): BERGEN — County Code (7) (STATE USE ONLY): ____	Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): A. Mac Contracting Inc.
Street Address		Street Address: 105 Lowell Road
City, State, Zip Code		City, State, Zip Code: Glen Rock, N.J. 07452
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201-262-5841 — License No.: 00156
✳ Start Date (10): 8/22/12	Scheduled Completion Date (11): ✳ POSTPONE	Name of OSHA Monitor: Omega Environmental Services Inc.
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: ____		Street Address: 280 Huyler Street — City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply)

- [ ] ≥3 sf or ≥3 lf
- [X] ≥160 sf or ≥260 lf
- [ ] Renovation
- [X] Demolition
- [X] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
OFFICE AREA			X	VAT + MASTIC	4,400 SF	X			
ROOF			X	FLASHING	10,350 SF	X			
OUTSIDE WALL			X	TAR/WATERPROOFING	15,000 SF	X			
THROUGHOUT			X	FIRE DOORS (15)	280 SF	X			

Name of Registered Waste Hauler: ENVIRONMENTAL TRANSPORT GROUP INC	NJDEP Waste Hauler ID No.: NJS-7107	Cubic Yards of Waste: 80	Name of Registered Landfill: MINERVA LANDFILL LLC
City, State: FLANDERS, NJ 07836		Disposal Date: 8/22/12 ou	City, State: WAYNESBURG OHIO 44688

Completed by	Title	Signature	Date
R. McDonald	President	R McDonald	9/10/12

ASB-41 (R-08-08)

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

7011 3500 0003 3821 5788

F DOL F DOH 9/11 10/12

Print Form

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

Check #1443
RECEIVED
2012 OCT 18 PM 1:32
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10/9/2012	Name of Building Owner/Operator (2): Borough of Carteret
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☐ DOH ☐ DCA	Type Notification: ☐ Initial ☒ Amended Amendment # 1 ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 61 Cooke Ave
	City, State, Zip Code: Carteret, NJ
	Name of Contact: Susanne Erickesen — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Historical Society Building	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 61 Carteret Ave	
City (5): Carteret	Square Feet: 2500 — # of Floors: 2 — Bldg. Age: +50
County (6): Middlesex — County Code (7) *(STATE USE ONLY)*:	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.: N/A	Name of Abatement Contractor (9): First Phase Group Inc
Street Address: N/A	Street Address: 567 52nd St. Suite #16
City, State, Zip Code: N/A	City, State, Zip Code: West New York, NJ 07047
Project Manager for Monitoring Firm: N/A — Telephone No.: N/A	Telephone No.: 201-758-7158 — License No.: 001144
Start Date (10): 10/17/2012 — Scheduled Completion Date (11): 10/24/2012	Name of OSHA Monitor: J&S Environmental Corp
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe:	Street Address: 2333 Route 22 West
	City, State, Zip Code: Union, NJ 07083

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st floor			x	floor tile and mastic	2000 SF	x			

Name of Registered Waste Hauler: Asbestos Transportation Company	NJDEP Waste Hauler ID No.: 24310	Cubic Yards of Waste	Name of Registered Landfill: Minerva Enterprises
City, State: Shirley NJ 11967		Disposal Date	City, State: Waynesburg OH 44688

Completed by: Edwin Precilla	Title: Project Manager	Signature: Edwin Precilla	Date: 10/9/2012

ASB-41 (R-06-08)

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

CK 1064

Print Form

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

RECEIVED
2012 OCT 18 PM 1:32
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-10-12		Name of Building Owner/Operator (2): LUIS PANORA (ORIZONTES CORP)	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 23 ALVA STREET	
		City, State, Zip Code: BLOOMFIELD , NJ 07003	
		Name of Contact: LUIS PANORA	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: 139 MONTCLAIR AVE			
City (5): NEWARK ,NJ		Square Feet: 6715 SQ FT	# of Floors: 2 / Bldg. Age: 50YRS
County (6): ESSEX	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8): SKY ENVIROMENTAL SERVICES INC	ASCM No.	Name of Abatement Contractor (9): DYV ENTERPRISES	
Street Address: 140 BOULEVARD		Street Address: 254 CUMBERLAND AVE	
City, State, Zip Code: MOUNTAIN LAKES , NJ 07046		City, State, Zip Code: PATERSON , NJ	
Project Manager for Monitoring Firm: LEONID SHERESHEVSKY	Telephone No.: 973-7696946	Telephone No.: 973-9426924	License No.: 01129
Start Date (10): 11-06-12	Scheduled Completion Date (11): 11-9-12	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf
[ ] Renovation
[x] Demolition
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT AREA		X		PIPE (T S I)	40 LF	X			

Name of Registered Waste Hauler: DYV ENTERPRISES LLC	NJDEP Waste Hauler ID No.: 0034140	Cubic Yards of Waste: 5 CY	Name of Registered Landfill: CLEAN EARTH OF NJ
City, State: PATERSON , NJ 07502		Disposal Date: 11-08-12	City, State: KEARNY ,NJ 07032

Completed by: DORIAN CARPIO	Title: MANAGER	Signature	Date: 10-10-12

ASB-41 (R-06-08)

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

CK 23448

RECEIVED
2012 OCT 18 PM 3:16
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 10 / 16 /12

Agencies Notified: [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA

Type Notification: [x] Initial Notification [ ] Amended Notification [ ] Cancellation [ ] On Hold [ ] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2): MERCK SHARP & DOHME CORPORATION

Street Address: 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code: RAHWAY, NEW JERSEY 07065

Name of Contact: MARY BETH BAKER | Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MERCK SHARP & DOHME CORPORATION

Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address: 126 EAST LINCOLN AVENUE

Square Feet: 5,500 | # of Floors: N/A | Bldg. Age: 48

City (5): RAHWAY | County (6): UNION | County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): 500,000 GALLON WASTE WATER TANK TA 120

Name of Monitoring Firm Hired by Building Owner (8): ENVIRONMETAL HEALTH INVESTIGATIONS, INC. | ASCM No.: 17

Name of Abatement Contractor (9): PAR ENVIRONMENTAL CORPORATION

Street Address: 655 WEST SHORE TRAIL

Street Address: 313 SPOOK ROCK ROAD

City, State, Zip Code: SPARTA, NEW JERSEY 07871

City, State, Zip Code: SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm: WILLIAM S. KERBEL, CIH | Telephone Number: 973-729-5649

Telephone Number: 845-369-7500 | License Number: 460

Expected State Date (10): 10 / 29 /12 (Month / Day / Year)

Sched. Completion Date (11): 11 / 30 /12 (Month / Day / Year)

Name of OSHA Monitor: AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one):
[X] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours - Describe:
[X] Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address: 117 EAST 30TH STREET

City, State, Zip Code: NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply):
[ ] Demolition [X] Renovation
[ ] >3SF OR LF
[X] >160 SF OR 260 LF
[ ] Full Containment with Negative Pressure
[ ] Mini-Enclo ,
[ ] Glovebag Procedure
[X] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
TA 120 TANK	X			ASBESTOS CONTAINING EXTERIOR PAINT ON TANK	5,500 SF	X			

Name of Registered Waste Hauler: FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | NJDEP Waste Hauler ID No.: 15939 | Cubic Yards of Waste: 500 | Name of Registered Landfill: LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15

City, State: FREEHOLD, NEW JERSEY | Disposal Date: 10/29-11/30/12 | City, State: MONTGOMERY , PA 17752

Completed by (Print or Type): BENJAMIN SANCHEZ | Title: DIRECTOR OF OPERATIONS | Signature: | Date: 10/17/12

Date of Notification (1)
10 / 16 /12

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [ ] Initial Notification
- [X] Amended Notification #1
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

MERCK SHARP & DOHME CORPORATION

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RW28-414

2012 OCT 18 PM 3:16

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

US CONTROL
CENSING

Name of Contact
MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet: 1,500 | # of Floors: N/A | Bldg. Age: 59

Street Address
126 EAST LINCOLN AVENUE

City (5): RAHWAY | County (6): UNION | County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished)
500,000 GALLON FUEL OIL TANK T 100

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No. 17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Telephone Number
845-369-7500

License Number
460

Expected State Date (10)
10 / 26 /12
Month Day Year

Sched. Completion Date (11)
11 / 15 /12
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe MON-SAT. 7AM-3:30PM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclo:
- [ ] Glovebag Procedure
- [X] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF - T100 TANK	X			BUILT UP ROOFING	1,500 SF	X			

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
100

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES

Street Address
825 HIGHWAY 33

Disposal Date
10/26-11/15/12

City, State
MONTGOMERY, PA 17752

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date 10-17-12

Date of Notification (1)

10 / 16 /12

Agencies Notified

- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification

- [x] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

2012 OCT 18 PM 3:16

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

ASBESTOS CONTROL & LICENSING

Name of Contact
MARY BETH BAKER

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
126 EAST LINCOLN AVENUE

Square Feet	# of Floors	Bldg. Age
1,500	N/A	59

City (5)	County (6)	County Code (7) (STATE USE ONLY)
RAHWAY	UNION	

Current Use (Prior if being demolished)
500,000 GALLON FUEL OIL TANK T 100

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm	Telephone Number
WILLIAM S. KERBEL, CIH	973-729-5649

Telephone Number	License Number
845-369-7500	460

Expected State Date (10)	Sched. Completion Date (11)
10 / 26 /12	11 / 15 /12
Month Day Year	Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

- [ ] Demolition
- [X] Renovation
- [X] >160 SF OR 260 LF
- [ ] >3SF OR LF
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclo ,
- [ ] Glovebag Procedure
- [X] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF - T100 TANK	X			ASBESTOS CONTAINING EXTERIOR	1,500 SF	X			
				PAINT ON TANK					

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	15939	100	LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 10/26-11/15/12	City, State MONTGOMERY , PA 17752

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		10/16/12

CK # 23443

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

RECEIVED
2012 OCT 18 PM 1:42
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
10 / 16 /12

Agencies Notified
- [ ] EPA
- [ ] DEP
- [X] DOL
- [X] DOH
- [ ] DCA

Type Notification
- [x] Initial Notification
- [ ] Amended Notification
- [ ] Cancellation
- [ ] On Hold
- [ ] EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORPORATION

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact | Telephone
MARY BETH BAKER

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [X] Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
126 EAST LINCOLN AVENUE

Square Feet	# of Floors	Bldg. Age
1,500	N/A	59

City (5)	County (6)	County Code (7) (STATE USE ONLY)
RAHWAY	UNION	

Current Use (Prior if being demolished)
500,000 GALLON FUEL OIL TANK T 100

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No. 17

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
460

Expected State Date (10)
10 / 26 /12
Month Day Year

Sched. Completion Date (11)
11 / 15 /12
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)
- [X] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [X] Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)
- [ ] Demolition
- [ ] >3SF OR LF
- [X] >160 SF OR 260 LF
- [X] Renovation
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclo ,
- [ ] **Glovebag Procedure**
- [X] Non-Friable Procedure

Location of Asbestos-containing Material (ACM) **TO BE ABATED** in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes	No	N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF - T100 TANK	X			ASBESTOS CONTAINING EXTERIOR	1,500 SF	X			
				PAINT ON TANK					

Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	15939	100	LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
City, State: FREEHOLD, NEW JERSEY		Disposal Date: 10/26-11/15/12	City, State: MONTGOMERY , PA 17752

Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		10/16/12