

CHECK
#3001

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

RECEIVED

Date of Notification (1) <u>10/19/13</u>		Name of Building Owner/Operator (2) <u>JENSEY COAST</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input 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 <u>95 ROUTE 50</u>		City, State, Zip Code <u>SEAVILLE, N.J. 08234</u>	
Name of Contact <u>ED BOSCH</u>		Telephone Number <u>ASBESTOS CONTROL LICENSING</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2038 WEST AVE.</u>		Square Feet <u>1000</u>	
City (5) <u>OLSON CITY, N.J.</u>		# of Floors <u>2</u>	
County (6) <u>COPELAND</u>		Bldg Age <u>40+</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>11/1/13</u>		License No. <u>00444</u>	
Scheduled Completion Date (11) <u>11/8/13</u>		Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE.</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 23 sl or 23 ll <input type="checkbox"/> 2160 sl or 2260 ll <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frable Procedure			
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
<u>SIDING</u>		<u>TRANSITE</u>	
<u>2500 SF</u>		<u>X</u>	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	
City, State <u>MAPLE SHADE, N.J. 08052</u>		Cubic Yards of Waste <u>5</u>	
Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.A.</u>	
City, State <u>WOODBINE, N.J.</u>		Signature <u>Joseph Klemm</u>	
Completed By <u>JOSEPH KLEMM</u>		Title <u>OWNER</u>	
Date <u>10/19/13</u>			

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

RECEIVED

Date of Notification (1) 10-10-2013		Name of Building Owner/Operator (2) Kettler Management.		2013 OCT 23 PM 8:53					
Agencies Notified	Type Notification	Street Address 1751 Pinnacle Dr. #700							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mc Lean, VA 22102							
		Name of Contact Steven Weber		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Colonnade Apartments			Type of Facility (4)						
Street Address 25 Clifton Ave.			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Newark NJ			Square Feet 200,000	# of Floors 23	Bldg. Age 60+				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services					
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City NJ.							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 10-12-2013		Scheduled Completion Date (11) 11-12-2013		Name of OSHA Monitor BioTerra Environmental Solutions					
Occupancy Status During Abatement (Check Only One)				Street Address P.O.Box 1224					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union NJ 08841					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space C		x		Pipe Ins. Debris Clean up	3000LF	x			
Crawl Space D		x		Pipe Ins. Debris Clean up	3000LF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc.		NJDEP Waste Hauler ID No. 2A456		Cubic Yards of Waste 40	Name of Registered Landfill Minerva Enterprise.				
City, State Bronx, New York				Disposal Date 11-12-2013	City, State Wynesburg-Ohio				
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 10-10-2013			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

RECEIVED

CL# 3725

Date of Notification (1) 10/22/13		Name of Building Owner/Operator (2) US Military		2013 OCT 23 AM 12:38	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING City, State, Zip Code Washington, DC	
		Name of Contact		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Picatinny Arsenal- US Military Base				Type of Facility (4)	
Street Address 604 E. Picatinny Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Rockaway Township, NJ				Square Feet	# of Floors
County (6) Morris County				Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.		Name of Abatement Contractor (9) Site Enterprises, Inc.	
Street Address 318 12th Street				Street Address 815 12th Street	
City, State, Zip Code Hammonton, NJ 08037				City, State, Zip Code Hammonton, NJ 08037	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850		Telephone No. 609-567-1250	License No. 01172
Start Date (10) 11/04/13		Scheduled Completion Date (11) 11/11/13		Name of OSHA Monitor Health & Safety Services, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 318 12th Street	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Hammonton, NJ 08037	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
Window Caulking		X		Window Caulking	250 LF
Name of Registered Waste Hauler Site Enterprises, Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste Various	Name of Registered Landfill T.R.R.F Waste Management
City, State Hammonton, NJ		Disposal Date Various		City, State Tullytown, PA	
Completed by Kati DiNatale		Title Office Manager		Signature 	Date 10/22/13

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

RECEIVED

D&S Proj. #: 2013-386

2013 OCT 23 AM 12:45

CK# 005315

Date of Notification (1)
10/1/13

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

Amendment #: _____

☐ Emergency (including justification)

☐ Cancellation

Name of Building Owner/Operator (2)

Jenny Chon & Brian Mayor

Street Address

154 Sherman Avenue

City, State, Zip Code

CEDAR GROVE, NJ 07009

Name of Contact

Jenny Chon & Brian Mayor

Telephone Number

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jenny Chon & Brian Mayor

Street Address

154 Sherman Avenue

City (5)

CEDAR GROVE

County (6)

ESSEX

County Code (7)
(State use only)

ASCM No.

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

11/04/13

Sched. Completion Date (11)

11/22/13

Occupancy Status During Abatement (Check only one)

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

Describe: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
- ☐ ≥160 sf or ≥260 lf
- ☒ Renovation
- ☐ 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	R	E	E
	Yes	No	N/A			em	re	nc	re
GARAGE		X		DUCT INSULATION	15 sq ft	X			

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
11/05/13

City, State
TULLYTOWN, PA

Date
10/17/2013

Completed by (Print or Type)

Title
PRESIDENT

Signature

Exempted activities.

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

D&S Proj. #: 2013-385

RECEIVED

OK #005316

2013 OCT 23 AM 12:46

Date of Notification (1) 10/17/13		Name of Building Owner/Operator (2) MARK MAGGI	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 5 ALSTON COURT City, State, Zip Code RED BANK, NJ	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact MARK MAGGI	
		Telephone Number _____	

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARK MAGGI			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 5 ALSTON COURT			Square Feet		
City (5) RED BANK			County (6) MONMOUTH		# 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) _____		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) 10/30/13		Sched. Completion Date (11) 10/31/13		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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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		X		PIPE INSULATION	60 L FT	X			

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 10/31/13		City, State TULLYTOWN, PA		Date 10/17/13	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 10/17/13	

Oct 16 2013 03:13pm

P001/001

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 8:61)

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Arner
(signature)
Date: 10/16/13 Time: 2:12pm

D&S Proj. #: 2013-384

CL #005314

Date of Notification (1)

10/1/13

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

THERESA SHELLEY

Street Address

44 COLUMBIA TERRACE

City, State, Zip Code

WEEHAWKEN, NJ

Name of Contact

THERESA SHELLEY

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

THERESA SHELLEY

Street Address

44 COLUMBIA TERRACE

City (5)

WEEHAWKEN

County (6)

HUDSON

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)

10/18/13

Sched. Completion Date (11)

10/30/13

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
☐ ≥180 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)	H e m o v e	R e p a i r	E n c l o s e	E n c l o s e
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	70 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#
13506Cubic Yards of Waste
1 YDName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
PATERSON, NJ 07503Disposal Date
10/21/13City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date
10/16/13

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

RECEIVED

D&S Proj. #: 2013-384

2013 OCT 23 AM 12:46

OK #005314

Date of Notification (1)
10/11/13

Name of Building Owner/Operator (2)
THERESA SHELLEY

Street Address
44 COLUMBIA TERRACE

City, State, Zip Code
WEEHAWKEN, NJ

Name of Contact
THERESA SHELLEY

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)
THERESA SHELLEY

Street Address
44 COLUMBIA TERRACE

City (5)
WEEHAWKEN

County (6)
HUDSON

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial
Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

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)
10/18/13

Sched. Completion Date (11)
10/30/13

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
Describe: NORMAL HOURS
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

Is location normally used solely
by maintenance/custodial
staff (12)
Yes No N/A

Description of asbestos-containing
material (ACM)
PIPE INSULATION

Amount
(Specify SF or
LF)
70 L Ft

Remove Repair

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

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
TULLYTOWN, PA

Disposal Date
10/21/13

Date
10/16/13

City, State
PATERSON, NJ 07503

Title
PRESIDENT

Signature

Asbestos licensure exempted activities.

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

D&S Proj. #: 2013-387

RECEIVED

CL# 005317

Date of Notification (1) 10/17/13		Name of Building Owner/Operator (2) JOE REILLY		2013 OCT 23 AM 12:48	
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 77 BALDWIN STREET	
				City, State, Zip Code GLEN RIDGE, NJ 07028	
		Name of Contact KEVIN O'KEEF		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) JOE REILLY			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 77 BALDWIN STREET			Square Feet		
City (5) GLEN RIDGE			County (6) ESSEX		# 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)		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) 10/31/13		Sched. Completion Date (11) 11/01/13		Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
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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 CRAWL SPACE 7 LOCATIONS		<input checked="" type="checkbox"/>		DUCT INSULATION	14 S QFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		CHIMNEY THIMBLE PACKING	2 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 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/01/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/17/2013	

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

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CK# 25338


Date of Notification (1) <u>10/19/13</u>		Name of Building Owner/Operator (2) <u>John Wilmerding</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>154 Library Place</u> City, State, Zip Code <u>Princeton, NJ 08542</u> Name of Contact <u>John Wilmerding</u>	
		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>154 Library Place</u>		Square Feet <u>3500</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>90</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	

Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>			
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>			
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>		License No. <u>00493</u>	
Start Date (10) <u>10/30/13</u>		Scheduled Completion Date (11) <u>10/31/13</u>		Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8:am 4:pm</u>				Street Address <u>PO Box 341</u>	
				City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" 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) <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
<u>Basement</u>			<input checked="" type="checkbox"/>	<u>Pipe Tape Type Insulation</u>	<u>20 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/31/13</u>	City, State <u>Tullytown, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/19/13</u>		

D&S Proj. #: 2013-388

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

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2013 OCT 23 AM 12:49

Date of Notification (1)

11/10/17

Name of Building Owner/Operator (2)

CESAR VARGAS

Street Address

460 EAST 32ND STREET

City, State, Zip Code

PATERSON, NJ 07503

Name of Contact

CESAR VARGAS

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)

CESAR VARGAS

Street Address

460 EAST 32ND STREET

City (5)

PATERSON

County (6)

PASSAIC

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)

11/05/13

Sched. Completion Date (11)

11/22/13

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 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	22 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	28 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
D & S RESTORATION, INC.NJDEP Hauler ID#
13506Cubic Yards of Waste
1 YDName of Registered Landfill
TULLYTOWN, RESOURCE RECOVERYCity, State
PATERSON, NJ 07503Disposal Date
11/06/13City, State
TULLYTOWN, PACompleted by (Print or Type)
BOGDAN JOLDZICTitle
PRESIDENT

Signature

Date
10/17/2013

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

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D&S Proj. #: 2013-389

CK #005320

2013 OCT 23 AM 12:51

Date of Notification (1) 11/01/13		Name of Building Owner/Operator (2) LISA MCNANEY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 42 FOREST ROAD	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code GLEN ROCK, NJ 07452	
		Telephone Number	
		Name of Contact LISA MCNANEY	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) LISA MCNANEY			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 42 FOREST ROAD			Square Feet		
City (5) GLEN ROCK			# of Floors		
County (6) BERGEN			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 11/07/1313			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 11/22/13			Street Address 20 California Avenue		
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			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

<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition			<input type="checkbox"/> Non-Exempted () and Non-Exempted ()					
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		X		PIPE INSULATION	30 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"/>
						<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 11/8/13		City, State TULLYTOWN, PA		Date 10/18/ 2013	
Completed by (Print or Type) PRESIDENT		Title PRESIDENT		Signature			

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

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D&S Proj. #: 2013-390

00#005322

Date of Notification (1) 10/18/13		Name of Building Owner/Operator (2) Dianne Brown		243 OCT 23 AM 12:51	
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 134 MAPLEWOOD AVENUE City, State, Zip Code MAPLEWOOD, NJ 0740	
		Name of Contact Dianne Brown		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dianne Brown Street Address 134 MAPLEWOOD AVENUE			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.)		
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Square Feet	# of Floors	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
Start Date (10) 11/12/13		Sched. Completion Date (11) 11/28/13	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
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 type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <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 CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	8 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 11/13/13		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature Date 10/18/13	

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

D&S Proj. #: 2013-391

CL # 005323

Date of Notification (1) 11/10/11 18/11/13		Name of Building Owner/Operator (2) MICHAEL MENDEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1423 PINE GROVE AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WESTFIELD, NJ 07090	
		Name of Contact MICHAEL MENDEL	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MICHAEL MENDEL			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 1423 PINE GROVE AVENUE			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD			County (6) UNION		
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	
Start Date (10) 11/13/13		Sched. Completion Date (11) 11/28/13		License Number 01169	
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	

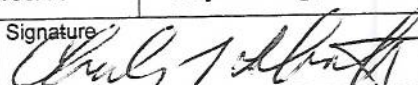
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> 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		X		BOILER INSULATION (bricks)	45 SQ Ft	X			

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 11/14/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/18/2013	

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

Check # 22350

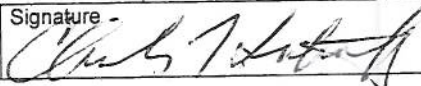
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Date of Notification (1) <div style="text-align: center;">10 / 18 / 13</div>		Name of Building Owner/Operator (2) New Jersey Turnpike Authority		2013 OCT 23 PM 9:31					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Woodbridge, NJ 07095							
				Name of Contact Richard J. Raczynski		Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Interchange Exit 3 New Jersey Turnpike				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 Exit 3 Toll Utility Building - South				Square Feet 1,500	# of Floors 1				
City (5) Woodbury				Bldg. Age 40					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility Building					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 515 Grove Street, Suite 1B		Street Address 500 East Luzerne Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547 0505		Telephone No. 215-739-8166	License No. 00646				
Start Date (10) 11 / 06 / 13		Scheduled Completion Date (11) 11 / 08 / 13		Name of OSHA Monitor SAME AS ABOVE					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / _____ PM - _____ AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior doors, windows, louvers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking	190 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Entrance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124		Disposal Date 11/30/13		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 			Date 10/18/13		

check # 22351

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


RECEIVED

Date of Notification (1) <div style="text-align: center;">10 / 18 / 13</div>		Name of Building Owner/Operator (2) New Jersey Turnpike Authority		2013 OCT 23 PM 9:31					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 581 Main Street		ASBESTOS CONTROL & LICENSING				
			City, State, Zip Code Woodbridge, NJ 07095						
			Name of Contact Richard J. Raczynski			Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Interchange Exit 7 New Jersey Turnpike				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 Exit 7 Toll Utility Building - South				Square Feet 1,500	# of Floors 1				
City (5) Bordentown				Bldg. Age 40					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility Building					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates		ASCM No.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation					
Street Address 515 Grove Street, Suite 1B		Street Address 500 East Luzerne Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547 0505		Telephone No. 215-739-8166	License No. 00646				
Start Date (10) <div style="text-align: center;">11 / 04 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 06 / 13</div>		Name of OSHA Monitor SAME AS ABOVE					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>5</u> PM/ _____PM-_____AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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) 625 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior doors, windows, louvers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach Construction		NJDEP Waste Hauler ID No. 19689		Cubic Yards of Waste 1 CY	Name of Registered Landfill Minerva				
City, State Philadelphia, PA 19124		Disposal Date 11/30/13		City, State Waynesburg, OH 44688					
Completed By (Print or Type) Charles F. Imbimbo		Title Project Manager		Signature 		Date 10/18/13			

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

RECEIVED

CK# 3657

Date of Notification (1) 10/18/13		Name of Building Owner/Operator (2) William Lambert Private Home		2013 OCT 23 PM 9:30					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 East 39th St City, State, Zip Code Brant Beach NJ 08008 Name of Contact William Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Lambert Private Home				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 9 East 39th St				Square Feet 1000 +	# of Floors 1				
City (5) Brant Beach NJ 08008				Bldg. Age 35+					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 10/31/13		Scheduled Completion Date (11) 11/7/13		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Exterior Siding	1400 Sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 11/7/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/18/13		

Check # 10585


State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13

Date of Notification (1) October 18, 2013		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 732-932-1111	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 305 COOPER STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address CAMDEN CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 100+ years	
City (5) CAMDEN	County (6) CAMDEN	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 11/01/13	Scheduled Completion Date (11) 11/11/13		Name of OSHA Monitor 1 ENVIROVISION, 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 checked="" type="checkbox"/> Other - Describe: Shift Hours: 8:00 AM - 5:00 PM (24Hr access as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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) 25 SF
Basement	<input checked="" type="checkbox"/>	TRANSITE	<input checked="" type="checkbox"/>
Room 202	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Rooms 207, 208, 307, 308	<input checked="" type="checkbox"/>	LIGHTWEIGHT CONCRETE FLOORING UNDERLAYMENT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 11/11/13	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # SW2117		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date October 18, 2013	

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

RECEIVED

Date of Notification (1) 10/18/13		Name of Building Owner/Operator (2) Ernest Riley Private Home		2013 OCT 23 PM 9:29							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 west Harrington City, State, Zip Code Long Beach Twp NJ 08008 Name of Contact Ernest Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Ernest Riley Private Home			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 29 west Harrington			Square Feet 1000 +								
City (5) Long Beach Twp NJ 08008			# of Floors 1		Bldg. Age 35+						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329									
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800 License No. 00727							
Start Date (10) 10/28/13		Scheduled Completion Date (11) 11/1/13		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
Exterior Siding				x	Exterior Siding	1400 Sf	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ				Disposal Date 11/1/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 10/18/13			

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

MO# 20733388525

RECEIVED
2013 OCT 23 PM 9:28
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/18/13		Name of Building Owner/Operator (2) 490 Huyler Street, LLC							
Agencies Notified	Type Notification	Street Address 83 South Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Todd Anderson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Park Avenue BMW Distribution Center		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 490 Huyler Street		Square Feet 20,000	# of Floors 1						
City (5) South Hackensack		Bldg. Age 50+-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant warehouse							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Stanmark Contractors, LLC							
Street Address		Street Address 27 Edsall Drive							
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461							
Project Manager for Monitoring Firm		Telephone No. 973-864-2022	License No. 01137						
Start Date (10) 10/19/13	Scheduled Completion Date (11) 10/24/13	Name of OSHA Monitor AmeriSci							
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 117 East 30th Street							
		City, State, Zip Code New York, NY 10016							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Offices		x		floor tiles	2,900 S.F.	x			
Offices		x		pipe insulation	70 L.F.	x			
Name of Registered Waste Hauler Pro-Tech		NJDEP Waste Hauler ID No. 190713	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.					
City, State New Haven, CT			Disposal Date on completion	City, State Morrisville, PA					
Completed by Marko Stankovic		Title President	Signature <i>Marko Stankovic</i>			Date 10/18/13			

CHK # 10084

Date of Notification (1) 10-15-13		Name of Building Owner/Operator (2) Pastor Peterson		RECEIVED 2013 OCT 23 PM 9:27 ASBESTOS CONTROL & LICENSING
Agenies Notified	Type Notification	Street Address 761 Elizabeth Ave		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07112		
		Name of Contact Pastor Peterson	Telephone Number _____	

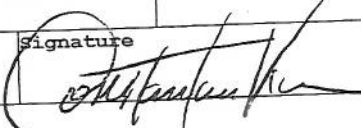
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 2500	# of Floors 2	Bldg. Age 101
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 10-24-13	Sched. Completion Date (11) 10-25-13	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with 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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	20 lf	X				
				Boiler	60 SF					

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-26-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature 		Date 10-15-13

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

RECEIVED
Check # 2234

Project #

Date of Notification (1) 10/15/2013		Name of Building Owner/Operator (2) The Silverman Group		2013 OCT 23 PM 9:27 ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 788 Morris Turnpike City, State, Zip Code Short Hills, NJ 07078 Name of Contact Jimmy Constantakis Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Morristown Airport Hangar # 6				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 6 Airport Rd				Square Feet	Bldg. Age
City (5) Morristown, NJ				# of Floors	
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AHERA		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address P.O BOX 385				Street Address 72 Brookside Rd	
City, State, Zip Code Oceanville, NJ 08231				City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm John Smoyer		Telephone No. (609)652-1833		Telephone No. 973-933-2550	License No. 01133
Start Date (10) 10/16/2013		Scheduled Completion Date (11) 11/02/2013		Name of OSHA Monitor J&S Environmental	
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 2333 RT 22	
				City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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)
	Yes	No	N/A		
Hangar # 6- Roof		X		roofing material	14,520 SF
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA	
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>	Date 10/15/2013

CHK# 100094

Date of Notification (1) 10-17-13		Name of Building Owner/Operator (2) Mary Hendrix		RECEIVED 2013 OCT 23 PM 9:26	
Agencies Notified	Type Notification	Street Address 1173 Overlook Ave			
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Teaneck, NJ, 07666		ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mary Hendrix		Telephone Number	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY				
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation				
<input type="checkbox"/> DCA					

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet # of Floors Bldg. Age 1950 2 80		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.			
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042			
Project Manager for Monitoring Firm		Telephone Number N/A		License Number 00371	
Scheduled Start Date (10) 10-26-13		Sched. Completion Date (11) 10-28-13		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>				Street Address	
				City, State, Zip Code	

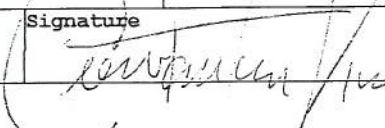
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	150 lf	X			
				Snowman Boiler	15 SF				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040		Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-29-13		City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President		Signature 		Date 10-17-13

CL# 1003

Date of Notification (1) 10-16-13		Name of Building Owner/Operator (2) Homeowner - Tessie Konyk		RECEIVED 2013 OCT 23 PM 9:25 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 21 Claremont Ave		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ, 07042		
		Name of Contact Pam	Telephone Number [REDACTED]	

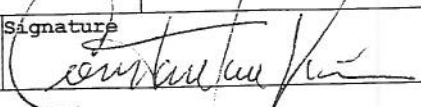
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 2400	# of Floors 2	Bldg. Age 85
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-25-13 Month Day Year	Sched. Completion Date (11) 10-26-13 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Basement			X	Pipe Insulation	150 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 10-28-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-16-13		

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

RECEIVED 349

Date of Notification (1) 10/18/2013		Name of Building Owner/Operator (2) The Hampshire Group							
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 22 Maple Ave.							
		City, State, Zip Code Morristown NJ 07960							
		Name of Contact Joe Giannetti							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Schering Plough Office and Storage Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 104 Orange Str.		Square Feet 12,000	# of Floors 2						
City (5) Bloomfield		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
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. 01193							
Start Date (10) 10/28/2013		Scheduled Completion Date (11) 11/30/2013							
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 Loznica Management Corp.							
		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
**SEE SCOPE OF WORK ATTACHED									
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Riverdale NJ		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>				Date 10-18-2013	

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samples did not require analysis as the first sample in the homogeneous sample group tested positive for asbestos (i.e. contain greater than one percent asbestos). In addition, 8 of 24 of the samples were further analyzed using the TEM method and 4 samples with trace asbestos were further analyzed via the PLM Point Count method.

SWA has listed in Table 1, the location and estimated quantity, by square foot (sf), linear foot (lf), or other appropriate unit, of each type of ACBM identified at the site and their corresponding sample numbers.

Type of Material	Location	Quantity	Sample number
White with gray specs 12" x 12" floor tile and underlying black mastic adhesive	Floor 1 break room, men's bathroom, hall, stairwells, phone room, side room at main entrance hall and throughout floor 2	12,200 sf	09A, 10A
Carpet mastic adhesive (under carpet squares)	Throughout floor 1 office areas	1,600 sf	16A
Beige with gray 12" x 12" floor tile	Floor 2, room B33204 & B33208 with fume hood in corner	2,050 sf	18A
Gray fume hood panels	Floor 2, room B33214	50 sf	20B
Brown with specs 12" x 12" floor tile and associated black mastic adhesive	Floor 2, room B33209 (corner office area near stair 2 with orange painted walls)	860 sf	23A, 24A
Black window glazing compound (inner hall walls built into walls)	Floor 2, hall side room areas near labs	4 windows	25A
Black mastic adhesive and associated gray/beige 9" x 9" floor tile	Floor 1, stair #3	200 sf	27A
Black lab top table	Floor 2, room B33214	30 sf	29A
Gray door window glazing compound	Throughout floor 2 hall areas	17 doors	31A
Black roofing felt and associated tar flashing (see note 1)	Throughout roof field, protrusions and parapet walls	14,900 sf	33A, 34A
Gray window caulking	Throughout building	33 windows	36A
Elevator brake pads	Elevator	6 pads (estimated)	Assumed

Note 1 – It is likely that a portion of the foam and perlite roofing will not be easy to separate from the roofing felts, therefore the foam and perlite would need to be treated as cross contaminated with the asbestos roofing felt. The roof system is ballasted and the layers are as follows: stone – foam (3") – felt – perlite – plastic sheet on a corrugated metal deck.

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

RECEIVED

MO# 4622001065

Date of Notification (1) 10/15/13		Name of Building Owner/Operator (2) Paul Zeuner	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 6 Earnst Avenue		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Paul Zeuner		Telephone Number _____	

2013 OCT 23 PM 9:23
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		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 6 Earnst Avenue		Square Feet N/A	# of Floors N/A
City (5) Bloomfield		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675
Start Date (10) 10/28/13	Scheduled Completion Date (11) 10/29/13	Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
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 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		pipe insulation	66 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager		Signature 	Date 10/15/13

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

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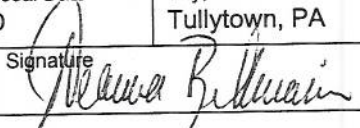
CIC# 1037600496

Date of Notification (1) 10/15/13		Name of Building Owner/Operator (2) Robert Davis		2013 OCT 23 PM 9:23					
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 49 Woodcrest Avenue City, State, Zip Code Short Hills, NJ 07078 Name of Contact Robert Davis Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			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 49 Woodcrest Avenue			Square Feet N/A						
City (5) Short Hills			# of Floors N/A		Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685					
Start Date (10) 10/30/13		Scheduled Completion Date (11) 10/31/13		License No. #00675					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied			Name of OSHA Monitor D&S Abatement, Inc.						
			Street Address 11 Rosengren Avenue						
			City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage		X		pipe insulation	30 LF	X			
basement		X		pipe insulation	66 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 10/15/13			

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

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MO# 0115165

Date of Notification (1) 10/15/13		Name of Building Owner/Operator (2) Margaret Peter		2013 OCT 23 PM 9:22					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 266 Linden Avenue City, State, Zip Code Verona, NJ 07049 Name of Contact Margaret Peter					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			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 266 Linden Avenue			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
City (5) Verona		County (6) Essex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.				
Street Address			Street Address 11 Rosengren Avenue						
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 10/29/13		Scheduled Completion Date (11) 10/30/13		Name of OSHA Monitor D&S Abatement, 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 <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>			Street Address 11 Rosengren Avenue						
			City, State, Zip Code Totowa, NJ 07512						
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 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		pipe insulation	114 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 10/15/13			

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

CHECK #: 8281

RECEIVED

* POSTPONED *
NO CC

Date of Notification (1) 10/08/13		Name of Building Owner/Operator (2) JAMES HENSARTH		2013 OCT 23 PM 9:21					
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 STEPHEN ST City, State, Zip Code DOVER, N.J. 07803					
		Name of Contact JAMES HENSARTH		Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 15 STEPHEN ST			Square Feet 1200						
City (5) DOVER			# of Floors 2		Bldg. Age +50				
County (6) MORRIS		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc					
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-262-5841					
				License No. 00156					
Start Date (10) POSTPONED		Scheduled Completion Date (11)		Name of OSHA Monitor Omega Environmental Services 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	PIPE INSULATION	80 LF	✓			
BASEMENT			✓	VAT	18 SF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 10/18/13		City, State, Zip Code Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Operations		Signature J. Vocaturo		Date 10/16/13			

* 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 #: 8281
RECEIVED
2013 OCT 23 PM 9:21
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/08/13		Name of Building Owner/Operator (2) JAMES HEMSATH							
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 15 STEPHEN ST City, State, Zip Code DOVER, N.J. 07803 Name of Contact JAMES HEMSATH Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 15 STEPHEN ST		Square Feet 1200	# of Floors 2						
City (5) DOVER		Bldg. Age +50							
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.	License No. 00156						
Start Date (10) 10/18/13	Scheduled Completion Date (11) 10/30/13	Name of OSHA Monitor Omega Environmental Services 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 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	PIPE INSULATION	80 LF	✓			
BASEMENT			✓	VAT	18 SF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 10/18/13		City, State, Zip Code Bethlehem, PA 18015					
Completed by Joseph Vaccaro		Title Operations		Signature J. Vaccaro			Date 10/08/13		

RECEIVED

2013 OCT 23 17 2013 98:28am

P001/001

ASBESTOS CONTROL Check # 8299
 & LICENSING
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) <u>10/16/13</u>		Name of Building Owner/Operator (2) <u>MR. SWARTZ</u>		APPROVED No Dept of Health & Senior Services <u>Paul C. Horner</u> (signature) Date: <u>10/17/13</u> Time: <u>7:36 AM</u>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>102 ORCHARD PLACE</u> City, State, Zip Code <u>MAYWOOD NJ 07607</u> Name of Contact <u>MR. SWARTZ</u> Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>MR. SWARTZ</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <u>102 ORCHARD PLACE</u>				Square Feet <u>1500</u>	
City (5) <u>MAYWOOD</u>				# of Floors <u>2</u>	
County (6) <u>Bergen</u>				Bldg. Age <u>60</u>	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) <u>RES</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>	
Street Address		Street Address <u>105 Lowell Road</u>		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>	
City, State, Zip Code		Telephone No. <u>201-262-5841</u>		License No. <u>00156</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Start Date (10) <u>10/17/13</u>		Scheduled Completion Date (11) <u>10/18/13</u>		Street Address <u>280 Huyler Street</u>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>Hackensack, NJ 07606</u>			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) <u>BASEMENT</u>	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) <u>Boiler</u>	Amount (Specify SF or LF) <u>385 SF</u>
	Yes	No	N/A		
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State <u>Riverton, New Jersey 07457</u>		Disposal Date <u>10/17/13</u>		City, State <u>Bethlehem, PA 18015</u>	
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R. McDonald</u> Date <u>10/16/13</u>	

CK# 1005

Date of Notification (1) 10-18-13		Name of Building Owner/Operator (2) Theresa & Joseph Cianci		RECEIVED 2013 OCT 23 PM 9:20 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address 86-88 Magnolia Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ, 07109 Name of Contact Theresa & Joseph Cianci		
		Telephone Number		

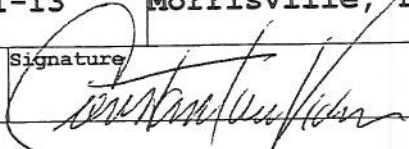
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)
Street Address			Square Feet 1800
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 75
			Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371
Scheduled Start Date (10) 10-30-13	Sched. Completion Date (11) 10-31-13		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year		Street Address	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			City, State, Zip Code	

Scope of Work (Check all that apply)

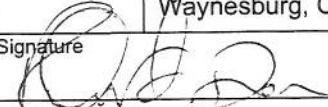
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement (2 Units)			X	Pipe Insulation		X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-1-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10-18-13		

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

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 DISPATCH #204832

Date of Notification (1) 10-17-13		Name of Building Owner/Operator (2) Verizon							
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 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact Bill Roth	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rt. 35 SB		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.) Exterior							
City (5) Toms River		Square Feet 2400	# of Floors N/A						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) Consulting & Testing Services, Inc. (CTSI)		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 622 Georges Road, Suite 301		Street Address 200 Broad Street							
City, State, Zip Code North Brunswick, NJ 08902		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Frank Selamie		Telephone No. (732) 729-1800	Telephone No. 201-939-6565						
Start Date (10) 10-28-13		Scheduled Completion Date (11) 04-30-14	License No. 00756						
Name of OSHA Monitor Even-Air 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 <input checked="" type="checkbox"/> Other - Describe: Exterior Abatement		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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) 16,000LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Duct Bank		X			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 			Date 10-17-13		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:27)

Check
8753

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Date of Notification (1) 10/21/13		Name of Building Owner/Operator (2) Alison Hesano							
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 19 Boland Drive City, State, Zip Code Westfield NJ 07052 Name of Contact Alison Hesano Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (Vacant)		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 7 Witkom Drive		Square Feet # of Floors Bldg. Age							
City (5) Westfield NJ 07090		1/2 50+-							
County (6)		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) 10-31-13		License No. 00394							
Scheduled Completion Date (11) 10-31-13		Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower level		X		Floor tile	200 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 1	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 11/1/13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 10/21/13			

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

Check # 8747

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No CK

Date of Notification (1) 10/21/13		Name of Building Owner/Operator (2) Township of Hopewell							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Crossing - Pennington Rd City, State, Zip Code Titusville NJ 08560							
		Name of Contact Gary Vinch (Contractor)	Telephone Number 856 231-1100						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling (Vacant)		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 1395 River Road		Square Feet	# of Floors 2						
City (5) Titusville NJ 08560		Bldg. Age 100+-							
County (6) Mercer	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 Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
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. 609 758-3365	License No. 00394						
Start Date (10) 10/22/13	Scheduled Completion Date (11) 12/31/13								
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 EPC Technologies Inc							
		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input checked="" type="checkbox"/>			Roofing Shingles	900 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 12/31/13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 10/21/13			

Changed finishing Date

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 17:27)

Check #
8747

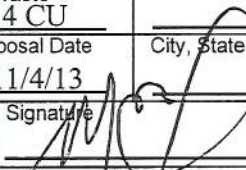
RECEIVED

Date of Notification (1) 10/21/13		Name of Building Owner/Operator (2) Township of Hazlet							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 Washington Crossing - Pennington Rd City, State, Zip Code Titusville NJ 08560							
		Name of Contact Gary Vinch (Contractor)	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling (Vacant)		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 1395 River Road		Square Feet	# of Floors 2						
City (5) Titusville NJ 08560		Bldg. Age 100+-							
County (6) Mercer	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 Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
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. 609 758-3365	License No. 00394						
Start Date (10) 10/22/13	Scheduled Completion Date (11) 12/31/13	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	X			Roofing Shingles	900 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 12/31/13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 10/21/13			

Changed finishing Date

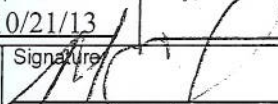
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>9/30/13</u>		Name of Building Owner/Operator (2) <u>Educational Testing Service</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Rosedale Road</u> City, State, Zip Code <u>Princeton, NJ 08541</u> Name of Contact <u>John Bailey</u>							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>ETS - Facilities Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>Rosedale Road</u>		Square Feet <u>10000</u>							
City (5) <u>Princeton</u>		# of Floors <u>2</u>							
County (6) <u>Mercer</u>		Bldg. Age <u>50</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>Facilities Building</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.							
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>							
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>							
Start Date (10) <u>10/11/13</u>		License No. <u>00493</u>							
Scheduled Completion Date (11) <u>11/3/13</u>		Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Weekends Only</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Maintenance Shop</u>	<input checked="" type="checkbox"/>			<u>Asbestos fittings</u>	<u>20 fittings</u>	<input checked="" type="checkbox"/>			
<u>Maintenance Shop</u>				<u>Tank Insulation</u>	<u>120 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/4/13</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>9/30/13</u>			

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

RECEIVED

Date of Notification (1) <u>9/30/13</u>		Name of Building Owner/Operator (2) <u>Educational Testing Service</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>Rosedale Road</u> City, State, Zip Code <u>Princeton, NJ 08541</u>						
		Name of Contact <u>John Bailey</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>ETS - Facilities Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>Rosedale Road</u>								
City (5) <u>Princeton</u>		Square Feet <u>10000</u>	# of Floors <u>2</u>					
		Bldg. Age <u>50</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Maintenance Building</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>William Weisgarber Jr.</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>10/11/13</u>	Scheduled Completion Date (11) <u>10/20/13</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Weekends Only</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <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) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Maintenance Shop</u>	<input checked="" type="checkbox"/>		<u>Asbestos fittings</u>	<u>20 fittings</u>	<input checked="" type="checkbox"/>			
<u>Maintenance Shop</u>			<u>Tank Insulation</u>	<u>120 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/21/13</u>	City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/30/13</u>					

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

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2013 OCT 23 PM 8:35 61#22810

Date of Notification (1) 10/18/2013		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 128 Bartlett Avenue City, State, Zip Code West Creek, NJ 08092 Name of Contact Joyce Corliss Telephone Number	
Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		ASBESTOS CONTROL & LICENSING	

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 243 W. 14 th St			Square feet 1400 sf	# of Floors 1	Bldg. Age 51
City Ship Bottom	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		
Scheduled Start Date (10) 11/05/2013		Scheduled Completion Date (11) 11/07/2013	Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road			
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1300 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 11/08/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 10/10/2013

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

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

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2013 OCT 23 PM 8:54

ASBESTOS CONTROL & LICENSING

Date of Notification (1) October 18, 2013		Name of Building Owner/Operator (2) Ben Steinfeld	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 59 Arosa Hill City, State, Zip Code Lakewood, NJ 08706 Name of Contact Ben Steinfeld Telephone Number	
Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 119 East 3 rd Avenue			Square feet 2600 sf	# of Floors 2	Bldg. Age 100
City Rosell	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/04/2013		Name of OSHA Monitor E.M.S.L. Analytical			
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 1056 Stelton Road			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Piscataway, New Jersey 08854 <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			R E M O V A L	R E P A I R	E N C A P S U L E
Exterior		X		Asbestos siding	2600 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 11/07/2013	City, State Tullytown, Pennsylvania	Date 10/18/2013
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	

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